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ABSTRACT

This extensive annotated bibliography provides a compilation of documents retreived from a computerized search of the ERIC, Social Science Citation Index, and Med-Line databases on the topic of alcoholism. The materials address the following areas of concern: (1) attitudes toward alcohol users and abusers; (2) characteristics of alcoholics and their families; (3) alcohol and its impact on industry, armed forces, minorities, the community, hospitals, women, and teenagers; (4) the pathology of alcohol use; and (5) legislation on alcohol. Overall, the time period covered is from 1950 to 1978, with the great bulk of the materials coming from the 1966 to 1978 period. (Author/HLM)

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ALCOHOLISM

Rational writings, research studies, and various conferences and proceedings have been abstracted to provide an annotated bibliography organized into the following separate sections:

- Attitudes Toward Alcohol and Alcoholics
- Armed Forces and Alcohol
- Characteristics of Alcoholics
- Alcoholics and Their Families
- Alcohol and Industry
- Legislation on Alcohol
- Minorities and Alcohol
- Miscellaneous Alcohol Information
- Pathology of Alcohol
- Teenagers and Alcohol
- Treatment of Alcoholism in the Community
- Treatment of Alcoholism in Hospitals
- Women and Alcohol

This information was retrieved in 1978 from the ERIC, Social Science Citation Index, and MED-Line computerized retrieval systems at the UMKC libraries.

The total bibliography consists of 252 pages of abstracts and cross reference appendices of titles and page number referral to the abstract. Overall, the time period covered is from 1950 to 1978. However, most of the areas represent the 1966 to 1978 period. It is noted that the section on alcohol pathology is the most extensive indicating a great amount of reserach on pathological effects of alcoholism. On the other hand, the sections on the armed forces, families, minorities, and teenagers indicate a growing recognition of concern about alcoholism in these areas of American Society. Appreciation is extended to the Boards of the National Council on Alcoholism and the Speas Foundation for their interest and funding support.

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ATTITUDES TOWARD ALCOHOL AND ALCOHOLICS

1. Alcoholism. Lancet 2(830):649-50, 22 Sep 73.

   No description available.

2. Alcoholism a disease? Ann Intern Med 82(1):116-9, Jan 75.

   No description available.

3. Alcoholism as a disease. JAMA 224(4):526, 23 Apr 73.

   No description available.

4. Alcoholism negelected. Br Med J. 3(718):298, 8 Aug 70.

   No description available.

5. Bailey, Margaret B., Attitudes toward Alcoholism Before and After a Training Program for Social Caseworkers. Quarterly Journal of Studies on Alcohol, 1970, 31, 3, Sep, 669-683.

   A questionnaire containing 38 att'al statements was admin'ed to 71 caseworkers (55 women) from 3 fam service agencies in New York City before & after attending a 30-hour alcoholism training program. Training sessions consisted of lectures with discussion periods & the presentation of the participants' own cases. A comparison of pre-& post-training responses revealed greater recognition of a physiological component in alcoholism without, however, any reduction in commitment to an emotional etiology. Greater acceptance of the importance of abstinence as a therapeutic goal but no change in belief that alcoholics should be referred to specialized alcoholism resources for treatment was observed after training. No change or even slight movement away from the desired direction, was noted in 2 statements about marriage to an alcoholic, 2 of the 4 statements about optimism-pessimism in alcoholism treatment. The lack of change in areas of treatment relationships & motivation was marked. Accepting att's about drinking (as distinguished from alcoholism) decreased. It appears that responses to theoretical concepts change more than att's relating directly to casework practice. It is suggested that the results reflect the emotional impact of alcoholism training & that the strength of resistance among practicing soc workers argues for the inclusion of better alcoholism teac hing in basic prefessional educ.

6. Beauchamp, D.E. Public health: alien ethic in a strange land? Am J Public Health 65(12):1338-9, Dec 75.

   No description available.

7. Block, M.A. Don't place alcohol on a pedestal. JAMA 235(19): 2103-4, 10 May 76.

No description available.

8. Boyd, J.Edwin. A Muldimensional Explication of Popular Notions of Alcoholism. Quarterly Journal of Studies on Alcohol, 1970, 31, 4, Dec. 876-888.

Judgments were made by 86 psychol students (42 women) of perceived similarity between members of 210 pairs of stimuli representing 6 person descriptions incorporating diff degrees of alcoholic-beverage involvement. 7 occup's, & 8 personality items reflecting personality traits of Impulsivity & autonomy. Multidimensioanl successive-intervals scaling analysis showed that the naive judges perceived alcoholism symptoms to be ordered along a severity dimension in accordance with E. Jellinek's postulated phases. The symptoms were unrelated, in the perception of the judges, to SE class. Impulsive personality traits were perceived to be highly related to chronic-phase alcoholismic symptoms whereas abstinence was inferred to be characterized by emotional control. Moderate nonaddictive drinking was perceived as psychol'ly more similar to abstinence than to other drinking behaviors.

9. Brown, T.C. Physicians are part of the problem. Ann Intern Med 77(2):316-7, Aug 72.

No description available.

10. Cahalan, D.; Room, R. Problem drinking among American men aged 21-59. Am J Public Health 62(11):1473-82, Nov 72.

No description available.

11. Chafetz, M.E. Alcoholism: an illness that demands recognition and treatment. Geriatrics 28(12):38 passim, Dec 73.

No description available.

12. Chafetz, M.E. A new day of hope for alcoholics. Am J Psychiatry 127(12):1682-3, Jun 71.

No description available.

13. Chafetz, Morris E. Proceedings of the annual alcoholism conference of the National Institute on Alcohol Abuse and Alcoholism. Rockville, Md.: NTIS Document Reproduction Service, PB-257 354/1SL., 1973.

Proceedings of the first annual alcoholism conference, sponsored by the National Institute on Alcohol Abuse and Alcoholism and reflecting some of the research priorities of that organization, are presented. Part I of the conference was devoted to clinical research, and included separate sessions on medical complications of alcoholism. Pharmaculogical considerations, and behavioral techniques in alcoholism treatment. In part II, alcohol problems in special population groups were considered; at issue were the problems of American Indian, youth, drinking drivers, and alcoholic women.

14. Chappel, J.N.; Schnoll, S.H. Physician attitudes. Effect on the treatment of chemically dependent patients. JAMA 237(21): 2318-9, 23 May 77.

No description available.

15. Crosby, W.H. Those two martinis before dinner every night. JAMA 231(5):509, 3 Feb 75.

No description available.

16. Danilevicius, Z. Alcoholism is a disease. JAMA 222(6): 699, 6 Nov 72.

No description available.

17. Drink now--pay later. Lancet 2(790):1297, 16 Dec 72.

No description available.

18. Editorial: Absolutism and alcoholism. Lancet 1(7899):152-3, 18 Jan 75.

No description available.

19. Edwards, G.; Hensman, C.; Hawker, A.; Williamson, V. Who goes to alcoholics anonymous? Lancet 2 (459):382-4, 13 Aug 66.

No description available.

20. Encel, S.; Kotowiz, K.C.; Resler, H.E. Drinking Practices and Attitudes in an Australian Metropolitan Area. Social Science & Medicine, 1971, 5, 5, Oct. 469-482.

A projective test was admin'ed to 823 R's as part of a sample survey of drinking behavior among residents of Sydney, Australia, in 1968-69. The test consisted of 5 pictures showing diff drinking situations, to which R's were asded to react on a 4-point scale ranging from Strong Approval to Strong Disapproval. Signif variations in response were found to be related to educ, age, occup, sex, & self-rated SC. Class diff's in response were signif'ly greater among women than men. Responses had a strong moral coloring, & showed little understanding of alcoholism as a health problem.

21. Evanglista, Ofelia; Saforcada, Enrique; Marconi, Juan. Adolescent attitudes towards alcohol. Acta Psiquiatria y Psicologia de America Latina, 1975 Jun Vol. 21(2) 101-111.

    Administered a questionnaire to 116 12-16 yr olds of Cordoba, Argentina, to evaluate their attitude towards alcohol. Ss were from 3 social levels. Middle class and unqualified working class Ss condemned alcohol ab use more than qualified working class Ss. There were differences in the way the different social classes viewed the cause of alcoholism.

22. Evans, Joseph H. Attitudes of adolescent delinquent boys. Psychological Reprots, 1974,JUn. Vol 34(3, Pt.2) 1175-1178

    It has previously been suggested that the attitudes of juvenile offenders are qualitatively different from those of "normal" male adolescents. The present study attempted to assess quantitative differences in the attitudes of 20 13-15 yr old male offenders and 20 male nondelinquent controls toward disabled, retarded, aged, alcoholic, and mentally ill persons. Juvenile offenders exhibited significantly less favorable attitudes than did nondelinquent controls.

23. FAigel, H.C. Where have all the junkies gone? Clin Pediatr (Phila) 14(8): 703-5, Aug 75.

    No description available.

24. Fine, E.W.; Scoles, P.; Mulligan, M. Under the influence. Public Health Rep 90(5):424-9, Sept-Oct. 75.

    No description available.

25. Fox, R. Alcoholism in 1966. Am J Psychiatry 123(3):337-8, Sept 66

    No description available.

26. Glatt, M.M. Letter: Absolutism and alcoholism. Lancet 1(7904) 447-8, 22 Feb 75.

    No description available.

27. Glatt, M.M. Letter: Attitudes towards alcoholism. Br Med J 3(5976):157, 19 Jul 75.

    No description available.

28. Glatt, M.M. Letter: Scotland's drink problem. Br Med J 4(889): 17 Nov 73.

    No description available.

29. Goldman, M.S. To drink or not to drink: an experimental analysis of group drinking decisions by four alcoholics. Am J Psychiatry 131(10):1123-30, Oct 74.

No description available.

30. Goodwin, D.W. The Muse and the martini. JAMA 224(1):35-8, 2 Apr 73.

No description available.

31. Haberman, P.W.; Sheinberg, J. Public attitudes toward alcoholism as an illness. Am J Public Health 59(7):1209-16, Jul 69.

No description available.

32. Hayman, M. Alcohlism. Classification and therapy. Postgrad Med 40(4):A161-2 passim, Oct 66.

No description available.

33. Hayman, M. The myth of social drinking. Am J Psychiatry 124(5): 585-94, Nov 67.

No description available.

34. Harford, Thomas C. A national study of adolescent drinking behavior, attitudes and correlates. Journal of STudies or Alcohol, 1976, Nov. Vol. 37(11) 1747-1750.

Responds to a number of issues raised by P. Marden et al (1976) regarding a report on adolescent drinking prepared by V.J. Rachal et al (1975). Comments are made on 6 specific issues raised by Marden et al; some of these are considered "justifiable" while others are deemed of less consequence.

35. Hart, Larry Attitudes among a group of female alcoholics toward alcoholism. British Journal of Addiction, 1974, Dec. Vol 69(4) 311-314.

Administered a 40-item questionnaire on attitudes toward alcoholism to 10 female residents of an alcoholic rehabilitation center. Ss had a mean age of 46 yrs and had participated in the program about 5 mo. Responses were compiled into a group of 9 factors which were then compared with those of a general population control group. Results suggest thtat female alcoholics believe to the same extent as normals that the alcoholic is unable to control his drinking, that the alcoholic is not a weak-willed person, and that the alcoholic does not necessarily come from the lower socioeconomic classes. Overall results show that the female alcoholic views alcoholism as an illness and not as a harmless voluntary indulgence and believes that emotional difficulties and the highly addicting nature of alcohol are contributing factors in the development of alcoholism. Because these findings tend to indicate that female alcoholics are positive and therapeutically oriented in their view of the alcoholic and alcoholism, it is necessary to develop appropriate rehabilitation and counseling program.

36. Hoffmann, Helmut; Wojtowicz, Eugene J.; Anderson, Donald E. Analysis of drinking attitudes and drinking behavior in hospitalized alcoholics. Psychological REports, 1971, Feb. Vol. 28(1), 83-88.

Factor analyzed responses from 211 male alcoholics hospitalized in 6 different alcoholism treatment centers to a 41-item inventory containing attitudes toward drinking and drinking behavior. 12 factors describing the symptomatology of alcoholism were found. It is concluded that drinking attitudes and drinking behavior as measured by this inventory appear to be multidimensional and discriminate between alcoholic and nonalcoholic populations.

37. Hore, B.D. Letter: Alcoholism and the G.P. Br Med J 4:51, 6 Oct 73.

No description available.

38. How many alcoholics? Lancet 2(425): 1285, 18 Dec 65.

No description available.

39. Hussain, M.Z. Bad habits or diseases? Lancet 2(774):430-1, 26 Aug 72.

No description available.

40. Ketcham, F.S. Alcoholics and the community. JAMA 202(10): 980-1, 4 Dec 67.

No description available.

41. Knott, D.H.; Thomason, M.J.; Beard, J.D. The forgotten addict. Am Fam Physician 3(6):92-5, Jun 71.

No descripti on available.

42. Knox, Wilma J. Attitudes of psychologists toward drug abusers. Journal of Clinical Psychology, 1976, Jan. Vo. 32(1) 179-188.

Surveyed 827 psychologists and trainees in Veterans Administration treatment eenters to examine attitudes toward drug abusers, definitions of drug abuse, causes, recommended treatment, treatment environments, and personal commitment to treating abusers. The use of prison and courts is contrasted with hospitals, and attitudes are contrasted with findings of a 1969 author-conducted study of attitudes toward alcoholics. Recommended financial benefits and knowledge of laboratory tests to detect drug abuse also are assessed. Differences among 3 groups of psychologists and their respective response biases are discussed. (27 ref)

43. Knox, W.J. Attitudes of Social Workers and Other Professional Groups Toward Alcoholism. Quarterly Journal of Studies on Alcohol, 1973, 34, 4, Part A, Dec. 1270-1278.

The atitudes of 588 Veterans Administration social workers (282 women) toward alcoholism & treatment of alcoholics were surveyed by questionnaire. The questionnaire consisted of 2 sections: section A dealt with the definition of alcoholism & its causes, & section B consisted of multiple choice questions. Space was provided for personal comments. Alcoholism was defined as an escape mechanism by 68% of the social workers, as a symptom complex by 67%, a disease by 65%, & as a behavior problem by 60%. The chief causes of alcoholism were believed to be conflict over dependency (by 73%), excessive dependency (63%), & low tension tolerance (63%). Abstinence was considered the criterion of successful treatment by 74%. Alcoholics Anonymous & group psychotherapy were the preferred treatments (by 79 & 67%); hospitalization was supported even though 80% of the social workers felt that prognosis was poor. There was little difference in attitudes between sexes or between social workers in hospitals or outpatient clinics. In comparison with the social workers, fewer psychiatrists (35%) & psychologist (34%) defined alcoholism as a disease. The social workers were more willing to work full time with alcoholics (34%) than the psychiatrists (21%) & psychologists (19%); 25, 38 & 42%, respectively, opposed full time work. Social workers are more highly motivated to treat alcoholics & more consistent in their attitudes toward alcoholism than either psychologists or psychiatrists. 2 Tables.

44. Knox, W.J. Attitudes of psychiatrists and psychologists toward alcoholism. Am J Psychiatry, 127(12): 1675-9,Jun 71.

No description available.

45. Korcok, M. Discussion of alcohol becomes more rational when the issue moves from morality to health. Can Med Associ J 115 (9):943-7, 952, 6 Nov 76.

No description available.

46. Korcok, M. Three provinces now putting back some of their liquor board profits. Can Med Assoc J 112(10):1235-7, 17 May 75.

No description available.

47. Krasnoff, Alan. Self-reported attitudes toward drinking among alcoholics before and after treatment. Quarterly Journal of STudies on Alcohol, 1973 Sep Vol. 34(3,Pt.A) 947-950.

Favorable and unfavorable opinions about drinking were listed by 2 samples of 45 (5 women) and 47 (10 women) alcoholics before and after they attended a 6-wk inpatient alcoholism treatment program. Both samples listed significantly fewer favorable opinions after treatment than before ($p < .01$) but not significantly more unfavorable opinions. No significant correlation was found between Ss' scores on the Marlowe-Crowne Social desirability scale and changes in attitude, indicating that the changes in attitude did not involve a need for approval.

48. Kuehnle, J.C.; Anderson, W.H.; Chandler, E. First drinking experience in addictive and nonaddictive drinkers. Arch Gen Psychiatry 31(4):521-3, Oct 74.

No description available.

49. Learning to be a drinker. Br Med J. 1(849):309-10, 10 Feb. 73.

No description available.

50. Lemere, F.; Smith, J.W. Medical models for understanding alcoholism. JAMA 226(2):197-8, 8 Oct 73.

No description available.

51. Letter: Absolutism and alcoholism. Lancet 1(7906):575, 8 Mar 75.

No description available.

52. Letter: Absolutism and alcoholism. Lancet 1(7911):867, 12 Apr 75.

No description available.

53. Lew, D. Alcoholism as disease. JAMA 223(7):800, 12 Feb. 73.

No description availalbe.

54. Linsky, Arnold S. The Changing Public Views of Alcoholism. Quarterly Journal of Studies on Alcohol, 197[illegible], 31, 3. Sep. 692-704.

Of a sample to represent the adult pop of Vancouver, Wash, 305 completed interviews in a household survey conducted to examine att's toward drinking & alcoholism. Younger persons & the better educated showed more acceptance of soc drinking. Approval of alcoholism treatment was shown more among younger persons, by those with more educ & by those with more exposure to MM (newspapers, radio, TV). The trend towards acceptance of alcoholism treatment appeared to have extended further than acceptance of the alcoholic himself. In response to questions regarding methods of controlling alcoholism, Med & psychol'al help received almost 65% of the choices: this trend was closely related to educ & exposure to MM. Other choices in descending order were will power, religious help & legal control. A biological cause of alcoholism was proposed by only 16% of the R's (by 20% of those aged 50 or over). Theories based on personality were preferred by more of the young (43 & 35% of those aged 18-20). The better educated (50% of those with 13 or more yrs of educ) & those more exposed to MM also preferred the theory based on personality. The changes in att are related to the waning influence of the Protestant Ethic in Amer culture.

55. Lipscomb, W.R. Survey measurements of the prevalence of alcoholism. A review of five surveys. Arch Gen Psychiatry 15(5):455-61, Nov 66.

No description available.

56. Lovald, K.; Neuwirth, G. Exposed and shielded drinking. Drinking as role behavior and some consequences for social control and self-concept. Arch Gen Psychiatry 19(1): 95-103, Jul 68.

No description available.

57. Ludwig, A.M.; Wikler, A.; Stark, L.H. The first drink: psychobiological aspects of craving. Arch Gen Psychiatry 30(4):539-47, Apr 74.

No description available.

58. Lundberg, G.D. Editorial: Susceptibility to dependence on alcohol. Primary and secondary prevention. JAMA 233(4):356, 28 Jul 75.

No description available.

59. MacDonald, E.B.; Patel, A.R. Attitudes towards alcoholism. Br Med J 02(5968):430-1, 24 May 75.

An attitude survey of psychiatrists has shown that alcoholism is the least favoured of the organic and psychiatric illnesses. They considered that this attitude was shared by general physicians and surgeons. The unfavourable attitudes towards alcoholism are unlikely to improve the success of treatment programmes. It is suggested that education within the professions is needed.

60. Mackey, Richard A. Views of caregiving and mental-health groups about alcoholics. Quarterly Journal of Studies on Alcohol 1969, 30-(3-A), 665-671.

"A form of the Semantic Differential test was used to determine the concepts that 69 police officers, 59 guidance counselors, 43 public-welfare workers and 46 members of mental-health disciplines...had of normal and alcoholic men and women." A number of differences were found and are discussed. The respondent's attitudes were found to be more influenced by occupation than by sex, age or education.

61. Mandell, A.J. A balanced view of the booze problem in the U.S.A. J Nerv Ment Dis 160(6):387091, Jun 75.

No description available.

62. Marden, Philip; Sylman, Richard; Fillmore, Kaye M. Bacon, Selden, D. "A National Study of Adolescent Drinking Behavior, Attitudes and Correlates". Journal of Studies on Alcohol, 1976 Sep Vol.37(9) 1346-1358.

Criticizes the methodology and conceptual basis of a 1974 study of adolescent drinking conducted for the National Institute on Alcohol Abuse and Alcoholism by J.V. Rachal et al. Issues related to the timing of the study, assessments of the alcoholic content of the various beverages studied, measurements of amounts consumed, inconsistency of opertional definitions of drinking levels, body weight and time of drinking variables are examined, and it is concluded that the study exaggerated the prevalence of problem drinking among adolescents.

63. Mayfield, D.; McLeod, G.; Hall, P. The CAGE questionnaire: validation of a new alcoholism screening instrument. Am J Psychiatry 131(10):1121-3, Oct 74.

No description available.

64. McCormick, E.W. Punitive approach to alcoholism. Geriatrics 21(6):213-6, Jun 66.

No description available.

65. McNeill, W.A. Alcoholism: public education. Lancet 2 (783):928, 28 Oct. 72.

No description avaialbe.

66. Mendelson, J.H. Alcoholism: some contemporary issues and problems. Am J Psychiatry 127(12):1680-1, Jun 71.

No description available.

67. Mogar, R.E.; Helm, S.T.; Snedeker, M.R.; Snedeker, M.H.; Wilson, W.M. Staff attitudes toward the alcoholic patient. Arch Gen Psychiatry 21(4);449-54, Oct 69.

No description available.

68. Mullin, Laurence S. Alcohol education: The school's responsibility. Journal of School health, 1968, 38(8), 518-522.

No description available.

69. O'Brien, P.M. The "public drunk". Br Med J. 2(604):560, 1 Jun 68.

No description available.

70. Parker, W.S. Letter: Alcoholism. Br Med J. 4(5936):104, 12 Oct 74.

No description available.

71. Paubionsky, P. Bad habits or diseases? Lancet 2(773):375-6, 19 Aug 72.

No description available.

72. Prognosis in alcoholism. Lancet 2(464):626-7, 17 Sep 66.

No description available.

73. Public Awareness of a NIAAA Advertising Campaign and Public Attitude toward Drinking and Alcohol Abuse. Phase One: Fall, 1972. Rockville, Md. NTIS Document Reproduction Service, PB-244, 1972.

Phase I of a scheduled four-phase interview survey report on the attitudes of a representative cross-section of 1,590 Americans on the subject of drinking alcoholic beverages is presented. This phase was designed to assess the awareness of, and attitudes toward the NIAAA advertising campaign dealing with the dangers of alcohol abuse and alcoholism. Included is a "worry index", statistically derived from questions about the relationship between drinking frequency and worry about: (1) Money; (2) health; (3) working things out with the family; (4) finding a good place to live; (5) getting and keeping a satisfactory job; (6) spare time activity; (7) getting along with people; and (8) finding friends that do not drink. The problem of drunken driving was found to be of the greatest concern to respondents. In this survey, 87 percent saw drinking and driving as a serious problem for the country, compared to 1 percent who felt that it is not really serious. Charts are given on the drinking frequency and drinking behavior of survey participants.

74. Public Awareness of a NIAAA Advertising Campaign and Public Attitude toward drinking and alcohol abuse. Summary report, Phase Two: Spring, 1973. Rockville, Md. NTIS Document Reproduction Service, PB-244, 145/9SL, 1973.

Phase 2 of a four-phase interview survey report is focused on trends in attitudes toward alcohol, and the relationship between the use of television as a source of information and advertising awareness. Supplementary data for the U.S. Department of Transportation are included. Basic Demographic data for a National cross-section of the U.S. and for 2 control cities, Eugene, Oregon, and Spokane, Washington are summarized and compared to a group found to be most aware of NIAAA's campaign. It was found that those most susceptible to current capaign material are likely to be young people, heavy television veiwers, and those with a direct experience of problem drinking in their own histories.

75. Public Awareness of the NIAAA advertising campaign and public Attitudes Toward Drinking and Alcohol Abuse. Phase Three: Autumn, 1973. Rockville, MD. NTIS Document Reporduction Service, PB-244, 146/7SL. 1973.

Phase 3 of a four-phase report is presented on an interview survey designed to gauge the awareness of, and attitudes toward the NIAAA advertising campaign dealing with the dangers of alcohol abuse and alcoholis. Respondents were questioned about their ability to recall any alcohol-related advertising; to recall specific NIAAA advertisements, and also about their attitudes concerning such advertisements in general. An attempt was made to identify trends in attitudes toward alcohol by obtaining opinions about: (1) characteristics of abstainers and of drinkers; (2) community problems; (3) social drinking; (4) alcoholism and drunkeness; (5) direct contact with drinking problems; (6) drinking and driving; (7) dealing with a person who has a drinking problem; and (8) health insurance coverage for alcoholism. Statistical tables and analytical summaries are provided.

76. Public Awareness of the NIAAA Advertising Campaign and Public Attitudes Toward Drinking and Alcohol Abuse. Phase four: Winter, 1974, and overall summary. Rockville, Md. NTIS Document Reproduction Service, PB-244, 147/5SL. 1974.

Interview surveys, conducted to assess the public's awareness of the NIAAA advertising campaign dealing with the dangers of alcohol abuse and alcoholism, attitudes about the campaign, and general drinking behavior are summarized in the concluding phase of a four-phase report. Phase one included a "Worry Index", derived from questions concerning the relationship between drinking frequency and individual problems; phase two was focused on trends in attitudes about alcohol, and relationships between television viewing and advertising awareness; phase three provided data regarding the ability of respondents to recall alcohol-related and/or specific NIAAA advertisements. A summary of findings in the fourth phase includes observations, conclusions, and recommendations.

77. Quehl, T.M. Exchange of views: the forgotten addict. Am Fam Physician 4(5):31-2, Nov 71.

No description available.

78. Rothberg, J.M. Letter: A note on alcoholism: incidence and policy. N Engl J Med 292(21):1137, 22 May 75.

No description available.

79. Rothstein, E. Letter: alcoholism: a disease? Ann Intern Med 82(5):718-9, May 75.

No description available.

80. Routh, F.M. Editorial: Alcohol abuse and the role of the local health department. Am J Public Health 65(3):306-7, May 75.

No description available.

81. Seixas, F.A. Letter: Alcoholism a disease? Ann Intern Med 82(2):282-3, Feb 75.

No description available.

82. Shropshire, R.W. The hidden faces of alcoholism. Geriatrics 30(3):99-102, Mar 75.

In view of the fact that 70 percent of Americans drink regularly, it is important to keep in mind that alcohol is a potent pharmacologic agent that can cause a variety of emotional and physical signs and symptoms. Physician awareness is the name of the game. Better health for patients is the reward.

83. Smith, J.A. Alcohol and society. Lancet 2(719):305-6, 7 Aug 71.

No description available.

84. Steinglass, P.; Weincer, S.; Mendelson, J.H. Interactional issues as determinants of alcoholism. Am J Psychiatry, 128 (3):275-80, Sept 71.

No description available.

85. Szasz, T.S. Bad habits are not diseases. A refutation of the claim that alcoholism is a disease. Lancet 2(767):83-4, 8 Jul 72.

No description availble.

86. Tolor, Alexander; Tamerin, John S. How generalized are the public's perceptions of a prominent political figure who is an acknowledged alcoholic. Perceptual & motor Skills, 1975 Dec. Vol. 41(3); 959-967.

The patterns of intercorrelations on 15 semantic differential scales, calling for the rating of Representative Wilbur D. Mills as a person, and on 6 variables on an Attitude Toward Alcoholism Instrument were determined for 139 Ss in 5 groups: male and female graduate students, male and female members of Alcoholics Anonymous, and members of the League of Women Voters. Results indicate that the degree of generality in ratings was dependent on the particular rating group employed. The League members disclosed the greatest degree of scale-specific judgments, whereas the female recovering alcoholics showed the most generalized judgments. These differences could be a function of the highly discerning problem-solving style of the League members and the defensive posture of the recovering alcoholics in dealing with a sensitive and emotionally laden area.

87. Tolor, Alexander; Tamerin, John S. Preserving a positive image of a "fallen" politician: A unique approach to studying attitudes toward alcoholism via the case of Wilbur Mills. Psychological Reports, 1976 Jun Vol38(3, Pt2) 1099-1108.

This study took advantage of the acknowledgment by Wilbur D. Mills, former ifluential Chairman of the House Ways and Means Committee, that his recently widely publicized escapades were a result of his being an alcoholic. Ss were asked to rate Representative Mills as a person on a number of semantic differential scales. It was hoped that fundamental attitudes toward alcoholism and alcoholics would be disclosed that might otherwise not be revealed on more direct attitudinal questionnaires. 25 male and 43 female graduate students, 21 League of Women Votes members, and 28 male and 22 female Alcoholics Anonymous members were given 15 semantic differential scales and the Attitude Toward Alcoholism Instrument. Significant sex and group differences emerged; males rated Mills more favorably than females, and recovering alcoholics were consistently more favorably disposed toward him than controls. The direct approach provided important leads to identifying attitudinal group differences. However, the indirect method of attitudinal assessment appeared to be a more sensitive method in uncovering group differences in attitudes toward alcoholics.

88. Prevention of alcoholism, The. Can Med Assoc J 104(5):416-7 6 Mar 71.

No description available.

89. U.S. Congress, Senate. Hathaway inserts speech by Senator Williams to the Natl Council on Alcoholism and the American Medical Society on Alcoholism. 76-19232. 94th Cong., 2nd sess., 1976.

No description available.

90. U.S. Congress, Senate. Hathaway summarizes hearings by SC/ Commerce on impact of media on alcohol abuse and alcoholism; inserts articles from WS Journal. 76-19152. 94th Cong., 2nd sess., 1976.

No description available.

91. U.S. Congress, Senate. Media Images of Alcohol: The Effects of Advertising and Other Media on Alcohol Ab use, 1976. 76-S541-47. 94th Cong., 2nd sess., 1976.

Hearings before the Sub com on Alcoholism and Narcotics to examine the effects of advertising and other media on alcohol consumption and abuse, and to inquire into industry and governmental regulatory responsibilities.

Supplementary material (p. 210-384) includes submitted statements and correspondence and:

a. Distilled Spirits Council of U.S. (Natl Organization of Distilled Spirits Industry), public information pamphlets on responsible drinking (p.220-260).

b. National Safety Council; Distilled Spirits Council of the U.S., "Proceedings of Conference on Alcoholism Programs in Business and Industry." and bibl, Jan. 1975 (p.263-289).

c. Looney, Michael A. (Calif. Polytechnic State Univ), "Media as a Tool in Primary Prevention of Alcohol Abuse and Alcoholism" Nov. 1975 (p. 316-340).

d. U.S. Brewers Association, "Guidelines for Beer Advertising" (p.348-361).

92. U.S. Congress, Senate. Senate SC/Labor resumed hearings on effect of media image of alcohol on alcoholism; recessed. 76-8477. 94th Cong., 2nd sess., 1976.

No description available.

93. Vladeck, B.C.; Weiss, R.J. Editorial: Policy alternatives for alcohol control. Am J Public Health, 65(12):1340-2, Dec 75.

No description availble.

94. Weinberg, J.R.; Morse, R.M. Understanding alcoholism: a test for use in medical education. J. Med Educ 50(10):978-9, Oct 75.

No description available.

ATTITUDES TOWARD ALCOHOL AND ALCOHOLICS

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ARMED FORCES AND ALCOHOL

1. Cahalan, Don; Cisin, Ira. Attitudes and Behavior of Naval Personnel Concerning Alcohol and Problem Drinking. Washington, D.C., AD-Ao34 821/9SL, 1973.

   This pilot study was conducted in the fall of 1972 at the request of the Alcohol Abuse Control Program, Bureau of Naval Personnel, to provide information for the planning of preventive and treatment programs relevant to problem drinking among 1603 officers and enlisted men at four naval establishments on the West coast or in the Pacific, had three principal objectives: (1) the selection of a final method of data gathering for a projected large-scale Navy-wide survey. (2) The pilot-testing of various types of content and methods of presentation of issues concerning the sensitive topics of drinking behavior, drinking problems, and opinions about the extent of problem drinking among Naval personnel. (3) The gathering of preliminary data on the prevalence of various types of problems related to drinking.

2. Conroy, R.W.; Friedberg, B.; Krizaj, P. A community plan for Military Alcoholics. Am J Psychiatry, 128(6): 774-7, Dec. 71.

   No description available.

3. Cox, M.D. Letter: Alcoholism and the United States Army. N Engl J Med. 293(6):310, 07 Aug 75.

   No description available

4. Fiman, B.G.; Conner, D.R.; Segal, A.C. A comprehensive alcoholism program in the Army. Am J Psychiatry 130(5):532-5 May 73.

   No description available.

5. Frances, Allen. A comprehensive military drug and alcohol program. International Journal of the Addictions, 1974 Vol 9(1) 137-144.

   Describes one of the US Army's drug and alcohol rehabilitation programs located at Fort Jackson, South Carolina. The physical plant, specific services, goals of rehabilitation, community relations programs, staff training, and rationale of the center are discussed, and comparisons with civiliam drug abuse treatment facilities are presented.

6. Goodwin, D.W.; Davis, D.H.; Robins, L.N. Drinking amid abundant illicit drugs. The Vietnam case. Arch Gen Psychiatry 32(2): 230-3, Feb 75.

   We studied drinking patterns and problems of 451 US Army enlisted men after their return from Vietnam. Before Vietnam, nearly half were regular drinkers and one quarter had drinking problems. Problem drinking declined in Vietnam as opiate use rose sharply; half had tried opiates and 20% were opiate dependent. After Vietnam, opiate use decreased (now less than 2% opiate dependent) and problem drinking again became ascendant. At time of interview, 17% had drunk in an alcoholic pattern at some period in their lives and another 41% had had problems from drinking. The younger men were more likely to have had problems. Alcoholism predictors included: becoming intoxicated at an early age; dropping out of school; truancy and expulsion from school; and having a father with a history of alcoholism or arrests.

7. Gunderson, E.K.; Schuckit, M.A. Prognostic indicators in young alcoholics. Naval Health Research Center Report 1975 Jan No 75-15 16 p.

Conducted predictive studies of posttreatment adjustment of 2,865 young (age 25 yrs and younger) and old (age 26 yrs and older) enlisted male alcoholics admitted to US navy medical facilities during 2 time periods, 1966-1969 and 1970-1971. Essentially the same variables--diagnosis, pay grade, length of service (or age), and days hospitalized--predicted success for all groups. Actuarial tables were developed to assess prognosis for alcoholics in naval hospital programs.

8. Harvey, L.R. A review of the first year's experience in the U.S. Army Alcohol and Drug abuse Program. Am J Public Health 64(10):999-1001, Oct 74.

No description available.

9. Kolb, Douglas; Gunderson, E.K. Prognostic indicators for Navy alcoholics in rehabilitation centers and units. US Naval Health Research Center Report 1975 Feb No 75-16, 21 p.

Compared the characteristics of young (age 25 yrs and younger) and old (age 26 yrs and older) alcoholic groups treated at US Navy Alcohol Rehabilitation Centers and units and conducted predictive studies of posttreatment success for 2,728 enlisted men. Variables related to success were identified, and prediction equations were derived for the 2 groups. Pay grade and prognostic rating by treatment staff were the most important predictors for both groups, and a number of other biographical and clinical variables were relevant for assessing prognosis.

10. Kolb, Douglas; Gunderson, E. K.; Bucky, Steven. Effectiveness of treatment for Navy enlisted men in alcohol rehabilitation centers and units. US Naval Health Reserach Center Report 1975 Apr No 75-37 25 p.

Compared the characteristics of 1,826 alcoholic US Navy entlisted men admitted to Alcohol Rehabilitation Units. Posttreatment effectiveness was determined, and variables related to effectiveness were identified for the 2 populations and for selected individual centers and units. The effectiveness rate was higher for the centers' population, but individual units had effectiveness rates that equaled or exceeded those of the individual centers. Implications of the findings for program development in the treatment of alcoholism and directions for future research are discussed.

11. Kolb, Douglas; Gunderson, E.K.; Bucky, Steven. Prognostic indicators for Black and White alcoholics in the U.S. Navy. Journal of Studies on Alcohol, 1976 Jul Vol 37(7) 890-899.

Conducted a study with 132 Black and 1,384 White Navy enlisted men to compare the effectiveness of various treatment modalities for Black and White alcoholics. All Ss had been admitted to alcoholic rehabilitation centers and units. Results show that race was not a major factor in the overall prediction of posttreatment effectiveness, since the rates were about the same (76 and 77%, respectively) for both groups. The 2 best predictors of effectiveness in both groups were pay grade and the prognostic rating given by treatment staff. The significance of pay grade in predicting treatment was emphasized in this study by the inclusion in the prediction equations of closely related items; White men who had not been reduced in rank due to alcohol had more effective treatments than others. Age correlated substantially with treatment outcome. Ss aged 25 yrs or younger were much less effective than the older men. Racial differences may have been a factor in that young Blacks at the lowest pay grades and with the fewest years of service had the lowest effectiveness rates.

12. Long, James R.; Hewitt, Linda E.; Blane, Howard T. Alcohol abuse in the armed services: A review. II: Problem areas and recommendations. Military Medicine. 1977 Feb Vol 142(2) 116-128.

As a continuation of a previous paper by the authors (1976), the present review assesses state of the art regarding alcohol abuse programs in the armed forces as a consequence of the Department of Defense (DOD) initiatives taken in 1972. Major points of the 1972 DOD Directive and the branch guidelines proceeding from it are summarized, followed by an analysis of published descriptions of programs in operation both before and after the initiation of the new policies. Based on this analysis, it is clear that the policy has had a major impact on the number, variety, and comprehensiveness of military alcohol abuse programs. However, early identification and entry into treatment remain problems, especially for personnel at higher ranks. There is little in the way programs are structured and run to give individuals confidence that they may receive treatment without prejudice and career jeopardy, nor is more than lip-service given to primary prevention. Alternatives to current practices, including emphasis on use of civiliam professionals, physician location of treatment facilities, increased individualization of treatment, reduction of possibly prejudicial administrative procedures, and specific modes of prevention, are discussed.

13. MacDonough, Tomi S. Evaluation of the effectiveness of intensive confrontation in changing the behavior of alcohol and drug abusers. Behavior Therapy, 1976 May Vol 7(3) 408-409.

The special feedback session (SFS) is derived from a type of intensive confrontation session used at major US drug treatment centers. An evaluation of its effectiveness with 69 military Ss showed that SFSs definitely influenced the clinical decision-making process. For drug abusers the feedback-behavior modification program was most effective in reducing the frequency of undesirable behaviors: 7 of 30 Ss improved compared with 1 of 8 Ss in a token economy program. But both programs were equally effective in facilitating increases in the frequency of desirable behaviors: 15 of 30 Ss improved compared to 4 of 8 Ss in the token economy program. For alcohol abusers, the token economy program was most effective in reducing the frequency of undesirable behaviors (for 2/4 vs 0/5 Ss), but both programs were less effective in facilitating increases in the frequency of desirable behaviors than with the drug abusers (2/5, 1/4 Ss).

14. Pursch, Joseph A. From quonset hut to naval hospital: The story of an alcoholism rehabiliation service. Journal of Studies on Alcohol, 1976 Vol 37 (11) 1655-1665.

Describes the 1st US navy alcoholism rehabilitation service which was developed in response to the increase between 1965 and 1969 of alcoholism-related disorders in VA hospitals and which served as the model for all future Navy alcoholism rehabilitation centers. The 6-8 wk treatment program includes participation in individual and group counseling, educational sessions, Alcoholics Anonymous meetings, psychodramas, and recreational psychotherapy.

15. Schuckit, Marc A.; Gunderson, E.K. Alcoholism in Navy and Marine Corps women: A first look. Military Medicine, 1975 Apr Vol 140(4) 268-271.

Conducted a study of 49 hospitalized Navy and Marine Corps women who had received an alcoholic diagnosis. Results show that (a) 32 Ss were young(mean age = 20.2 yrs), and many did not fulfill independent criteria for alcholism; (b) most had disciplinary difficulties and some amy have been sociopaths: (c) others appeared to be situational drinkers whose mild rule infractions resulted in short (24-hr) hospitalizations to facilitate sobering up; (d) many Ss also received diagnoses for personality, depressive, or situational disorders. Similarities between Ss' diagnoses and those of civilian and military men under similar circumstances are discussed.

16. Schuckit, Marc A. Gunderson, E.K. Eric. Alcoholism In Navy and Marine Corps women: A First Look. Military Medicine, V 140 N4 P 268-271 Apr 75.

Naval service women hospitalized for alcoholism between July 1965 and December 1971 were evaluated through a record review. The enlisted women were grossly heterogeneous and fell into a younger group (mean age 20.2 years) presenting disciplinary problems and an older groups (mean age 37.0 years) who tended to show both depression and alcoholism. The majority of the younger enlisted women did not fulfill independent criteria for the diagnosis of alcoholism. The older enlisted women and the Naval women officers resembled the civilian picture of the woman alcoholic. The importance of distinguishing primary and secondary alcoholism is discussed.

17. Schuckit, Marc A.; Gunderson, E.K. Alcoholism in young men. US Naval Health Research Center Report. 1975 Jan No 75-14 18 p.

Examined 2 samples of young alcoholics in the US Navy and compared them to groups of older alcoholics. Demographic, clinical, and follow-up data were evaluated for 4 subgroups of all enlisted men hospitalized with the diagnosis of alcoholism at Navy facilities: old (age 26 yrs and older) and young (25 yrs or younger) hospitalized in 1966-69 and old and young groups hospitalized in 1970-1971. There was a large increase in the number of young alcoholocs hospitalized during the later time period. It is suggested that such an increase in hospital admissions does not necessarily indicate a higher prevalence of alcoholism among young Navy men, although this possibility merits further study. Most young men who drink heavily do not become alcoholic, and many may have underlying character and behavior disorders and poor prognosis. Clear criteria for admission to treatment appear to be especially important for young alcoholics because of this diversity in clinical history and prognosis. Similarities and differences among treatment programs need to be examined and related to treatment outcomes.

18. Schuckit, M.A.; Gunderson, E.K. Eric. Alcoholism in young men. San Diego, Calif: NTIS Document Reporduction Service, AD-A009 234/6SL, 1975.

There was a large increase in the number of young alcoholics hospitalized during the later time period of the study. Such an increase in hospital admissions does not necessarily indicate a higher prevalence of alcoholism among young Navy men although this possibility merits further study. Most young men who drink heavily do not become alcoholic, and many may have underlying character and behavior disorders and poor prognoses. Clear criteria for admission to treatment appear to be especially important for young alcoholics because of this diversity in clinical history and prognosis.

Similarities and differences among treatment programs need to be examined and related to treatment outcomes.

19. U.S. Congress. House. HR 14395. 94th Cong., 2nd sess., 1976 Chappell to improve quality of care, services, & nursing home care & VA health care facilities & to provide rehab services & programs for certain disabled vets dependency; C/Vets.

20. U.S. Congress. Senate. Alcoholism Among Military Personnel. 92nd Cong., 1st sess., 1971.

Report prepared by GAO for the Subcom on Alcoholism and Narcotics reviews prevalence and causes of alcoholism among military personnel and recommends establishment of a DOD-wide alcoholism prevention and control program.

21. U.S. Congress. Senate. Cranston (Hartke & Randolph), 76-2464. 94th Congress, 2nd Sess., 1976.

Veterans omnibus Health Care Act of 1976; C/Vets; stmt & text S933: bill would improve quality of hospital care, medical services, and nursing home care in the VA, and require availablitity of comprehensive alcoholism and drug dependency treatment for vets.

22. U.S. Congress. 77-444. 95th Cong., 1st sess., 1977.

Harkin pro his bill, the Veterans Health Care Amendments of 1977, to establish outpatient readjustment counseling, program in preventive health care for veterans, outpatient and other alternative treatment services for veterans with alcoholism and drug-related problems, and provide for increased coordination between the VA and HEW to improve VA capacity to assess quality and cost effectiveness of care furnished in its facilities.

ARMED FORCES AND ALCOHOL

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U.S. Congress. 77-444; Page 6 (22)

CHARACTERISTICS OF ALCOHOLICS

1. Allen, L. R. Note on the position of the alcoholic in the therapeutic programme. Psychological Reports 1969, 24 (3), 695-697.

   Describes the similarities between student volunteers for therapy and alcoholic volunteers for treatment. It is evident that alcoholics who stay in treatment are not so much "real character disorder types" but are rather neurotics who are willing to admit poor family and social relationships. It is suggested that personality tests may be tapping both the alcoholics' realistic self-appraisal of his social situation, and his inability to deal with his social environment.

2. Bahr, Howard M. Family size and stability as antecedents of homelessness and excessive drinking. Journal of Marriage and the Family. 1969, 31(3), 477-483.

   Men from large families and broken homes have been described as overrepresented in skid-row and alcoholic populations. A reassessment of the linkage between these variables based on (a) survey data from 2 skid-row populations (N = 402) and a control sample (N= 125) of lower-class men, and (b) a reinterpretation of some of the findings of previous investigators, leads to the conclusion that neither the broken home nor the large family are, in themselves, significant factors in the etiology of homelessness and excessive drinking.

3. Beaudouin, H.; Beaudouin, J. L. Ancients and Moderns. Annales Medico-Psychologiques, 1968, 2(2), 155-183.

   Considers whether mental patients are like other patients in regard to the doctor-patient relationship, medical-legal considerations, professional activities, hospitalization requirements, prevention and rehabilitation, and uniqueness of illness. This is reviewed within a historical context as in R. Semelaigne's "Pioneers of French Psychiatry" (see H. Beaudouin & J. L. Beaudouin, 43:7), and in a modern context beginning with the work of Edouard Toulouse who advocated the creation of open psychiatric services, mental hygiene programs, and special treatment centers for alcoholics, epileptics, retardates, etc.

4. Blaney, Roger; Radford, Inge S. The prevalence of alcoholism in an Irish town. Quarterly Journal of Studies on Alcohol, 1973 Dec. Vol. 34(4-A 1255-1269.

   Conducted interviews with 181 males and 179 female residents (aged 18 and over) of Larne, Northern Ireland, 82% of the men and 59% of the women drink. Of the 252 drinkers, 3.6% had high scores on H. A. Mulford and D. E. Miller's 1960 Preoccupation with Alcohol Scale, 12.7% had low scores, and 83.7% had no preoccupation. Abnormal drinking (high preoccupation) was not significantly related to religion, social class, or number of years since the 1st drink. All 9 abnormal drinkers were men, 5 of whom were 18-34 years old. One or more troubles due to drinking (Mulford and Miller's Troubles Due to Drinking Index) were reported by 17 men and 2 women. The Preoccupation with Alcohol Scale detected 9 of the 11 known alcoholics, and the Troubles Due to Drinking Index detected 10. The preoccupation scale, however, is considered more suitable for cross-cultural comparisons since the trouble index may vary with intercultural differences in the social acceptance of heavy drinking.

5. The Parameters of Responsible Alcohol Taking. Booz, Allen Public Administration Services, Inc. Washington, D.C.: NTIS Document Reproduction Service, PB-242 626/OSL, 1973.

The report presents a framework for defining the parameters of responsible alcohol taking and for discussing the contextual nature of alcohol use and misuse. The framework is organized to present various theses, including: (1) The primacy of individual choice with regard to drinking practices; (2) responsible and irresponsible drinking as a distinction determined by the individual within the context of societal consequences; (3) the need for individual awareness as to one's own parameters of responsible alcohol taking; (4) the need for alternatives to those drinking behavior patterns which lead to negative consequences; and (5) the capability of American institutions to promote conditions which facilitate responsible drinking habits. The report is intended to be a starting point for NIAAA in developing dialogues on the subject with various elements of the population.

6. Bruce, James D. Alienation and the Labeled Deviant: The Case of the Lower-Class Alcoholic Offender. Case Western Reserve Journal of Sociology, 1969, 3 Aug. 39-51.

The hypothesis that alcoholics tend to be alienated from society is evaluated, aiming not at a casual theory but at a better portrait of alcoholic traits. G. Nettler's scale of alienation ("A Measurement of Alienation", American Sociological Review 1957, 22, 670-677) was administered to 16 alcoholics (identified as such by themselves and the warden) and 18 nonalcoholics serving misdemeanor sentences -- all M. Caucasian, aged 30-55, of similar SC, American-born, and without felony records. Application of the X squared test reveals .05 significant correlation of alcoholism with estrangement; Spearman's rho reveals no significant link of estrangement with youth or low education, but alcoholics were more estranged if they had had more previous commitments, and within the .sigma. sample those never married were more estranged. There is value for further study of the alcoholic's SR. 3 Tables.

7. Browne, Marilyn A. The relationship of anxiety to social drinkers and members of Alcoholics Anonymous. Dissertation Abstracts Internationa. 1976 May Vol. 36(11-B), 5851.

No description available.

8. Caldwell, D. Letter: Alcoholism and its identification. Br. Med. J. 2(913):275, 4 May 74.

No description available.

9. Chafetz, M. E. Alcoholism criteria: an important step. Am. J. Psychiatry 129(2):214-5, Aug 72.

No description available.

10. Chynoweth, R. The problem of drug dependency. Australian Occupational Therapy Journal 1969, Oct. Vol. 16(4), 9-13.

Describes the problem of drug dependency in 3 sections: alcoholism, which occurs predominately in males; barbiturate dependency, which occurs predominately in females in early middle life; and narcotics dependency, which occurs predominately in teenagers of both sexes. The incidence of dependency, symptoms, and treatment are described. It is concluded that until other causative factors are discovered, drug dependency must be regarded as a socially acquired illness, and the reasons for this behavior and its prevention are the responsibility of the society.

11. Clarke, Sandra K. Self-esteem in men and women alcoholics. Quarterly Journal of Studies on Alcohol. 1974 Dec. Vol. 35(4) 1380-1381.

Compared self-esteem, as measured by a modified S10 Q-Sort of 20 female alcoholics (mean age 37.2) with that of 20 male alcoholics (mean age 40.7). Both groups had been abstinent a mean of 3 months and did not differ in education, number married, or IQ. No comparisons of mean correlations between real-self-ideal-self, real-self-adjustment, or ideal-self-adjustment were significant.

12. Clark, Walter. Operational definitions of drinking problems and associated prevalence rates. Quarterly Journal of Studies on Alcohol, 1966, 27(4), 648-668.

More commonly used definitions of alcoholism share 4 elements: excessive intake, mental disturbance due to drinking, disturbance of social and economic functioning, and loss of control over drinking. 11 indices of drinking problems were constructed to represent these definitional elements and a prevalence estimate for each is presented. The indices include 3 indicators of excessive intake. 5 measures of interpersonal problems due to drinking, an index of the use of alcohol for coping with tension or anxiety, an index of possible alcohol addiction, and a description of the individual's own possible concern about his drinking. The data are taken from a longitudinal study of the uses of alcoholic beverages among the noninstitutionalized adult population of San Francisco. The sample (weighted N-9911), drawn by area probability techniques, makes possible the estimation of the prevalence of various drinking problems in a general population. For any 1 or more of the 11 indices, the rate was 6.2% (men 9.5%, women 4%). A standardized approach to measuring prevalence would greatly improve comparative studies.

13. Cocito, E.; Arata, P. Bevilacqua; Franzetti, F.; Pessi, P. A.; Psychosocial aspects of alcoholism: A study of admissions to the Genoa Quarto Psychiatric Hospital 1963-1973. Neuropsichiatris 1974, Vol. 30(1-2) 1-69.

Analyzed the annual hospitalization rate and length of stay of 1,403 males hospitalized for alcoholism. 32% of all admissions were for alcoholism, and 36% of the alcoholics came from the lower classes. The increase in alcoholism is related to population changes through analysis of census data. Also examined were sociological factors regarding birthplace, migratory trends, age at 1st admission, educational and occupational level, marital status, family relationships, antisocial behavior, and recidivism rates. In view of the socioeconomic and clinical harm done by alcoholism, more resolute intervention on the part of women authorities is recommended.

14. Curlee, Joan. A comparison of male and female patients at an alcoholism treatment center. Journal of Psychology, 1970, 74(2), 299-247.

To test hypotheses concerning sex differences in alcoholism, 100 male and 100 female patients in a private alcoholism treatment center were compared on the basis of psychological testing and social history. Both groups showed similare MMPI mean profiles and 1-point codes. The women had received more psychiatric treatment, made more suicide attempts, and experienced more family disruption. The women's alcoholism was more likely to be related to a specific situation and they were more likely to have abused medication. There was marked intragroup diversity.

15. Criteria for the diagnosis of alcoholism. Ann Intern Med 77(2): 249-58, Aug 72.

No description available.

16. Criteria for the diagnosis of alcoholism by the Criteria Committee, National Council on Alcoholism. Am J Psychiatry 129 (2):127-35, Aug 72.

No description available.

17. Deardorff, C. Melvin; Melges, Frederick T.; Hout, Carolyn N.; Savage, D. Jane. Situations related to drinking alcohol: A factor analysis of questionnaire responses. Journal of Studies on Alcohol, 1975 Sep. Vol 36(9) 1184-1195

Studied emotional and behavioral patterns related to customary social and self-defeating patterns of alcohol consumption. Problem drinkers included 45 patients in a residential alcoholism treatment program, 8 male outpatients in a treatment program for those with a history of violence associated with alcohol use, 82 outpatient alcoholism treatment patients, and 118 outpatients at a county treatment program who had been referred after a conviction of "driving while intoxicated." The nonproblem drinkers included 67 spouses of problem drinkers, 22 staff members of the treatment facilities, and 43 college students. Ss completed the Situations for Drinking (SIT) questionnaire, a series of 48 statements that linked a subjective frequency estimate of drinking to situations, and the Power Orientation Semantic Differential (POSD), a 26-item questionnaire on how they perceived themselves in terms of power dimensions. Factors distinguishing problem and nonproblem drinkers are discussed, and the validity of the SIT and POSD measures is examined.

18. Davis, C. N. Early signs of alcoholism. JAMA 238(2):161-2, 11 Jul. 77.

No description available.

19. Di Blasi, Giacomo; Gaglio, Luigi. Incidence of alcoholic toxic psychosis in the province of Turin; Statistical results and medical-legal considerations. Difesa Sociale, 1969, 48(1), 229-242.

Comparative data about the diffusion of alcoholism in various countries are presented with an interpretation of the continuous increase in the incidence of alcoholism in Italy. Various forms of alcoholic deviancy were found among patients recovered in the appropriate departments of psychiatric hospitals in Turin. In breaking down frequency of hospitalization according to sex, the incidence of alcoholic psychoses is much greater in men than in women. In the occupational category, the greatest incidence is found among workers and farmers. Breakdown according to age shows peak incidence between the ages of 31-60 in men and between the ages of 41-50 in women.

20. Edwards, Griffith; Chandler, Jane; Hensman, Celia. Drinking in a London Suburb: I. Correlates of Normal Drinking. Quarterly Journal of Studies on Alcohol, 1972, Supplement, 6, May, 69-93.

A quantity-frequency index of drinking patterns of 928 residents (520 F's) of a south London Suburb showed that 7% of the M's and 10% of the F's were abstainers: 17% & 36% occasional drinkers; 9% and 20% infrequent-light drinkers; 25% and 28% frequent light drinkers; 26% and 6% moderate drinkers; and 14% and none heavy drinkers. Among the women 49% in HSC were frequent-light drinkers compared with 18 to 30% of the women in other SC's/ Among the men 27% of class I and II were moderate or heavy drinkers compared with 40 to 46% of the other classes. More Roman Catholic than Church of England men and more Irish and Scottish than English and Welsh men were moderate or heavy drinkers. Both men and women who were heavy and frequent drinkers tended to have higher Extraversion scores on the Eysenck Personality Inventory than those in other drinking groups; there was no consistent relationship between drinking and and Neuroticism scores. The sample surveyed consisted of 81 to 94% of persons aged 18 and over from every 3rd household in 6 residential estates representing different property values. There is no single drinking pattern but there are patterns -- in part possibly with historical determinants -- differentiating classes and the sexes; these patterns may lead to different types of problems which might equally be labeled as problem drinking or alcoholism; and attempts at prevention would have to be geared to the goup differences in patterns and consequences.

21. Edwards, Griffith; Hensman, Celia; Peto, Julian. Drinking in a London Suburb: III. Comparisons of Drinking Troubles among Men and Women. Quarterly Journal of Studies on Alcohol, 1972, Supplement 6, May, 120-128.

Data from previous studies on M/F ratios of drinking related problems are given and background information for this research is provided. Men and women are correlated according to: (1) drunkenness arrests, (2) mental hospital admissions for alcoholism, (3) deaths from cirrhosis, and (4) deaths due to 'alcoholism' or alcoholic psychosis, 408 of 462 M's and 520 of 577 F's comprise the drawn sample. Data include correlations between men and women to 25 possible troubles with drinking, over a period of 12 months, a summary of trouble scores for men and women, the amount of alcoholic beverage consumption correlated with men and women and X trouble scores according to 'consumption groups', and X neuroticism, extraversion, and altaraxic motivation scores in women. Results support the assumption that there is a considerable sex difference in drinking morbidity. The question raised (but not solved) is, do women drink less because of constraints on drinking itself -- or on problematic behavior?

22. Edwards T.; Gross, M. M. Alcohol dependence: provisional description of a clinical syndrome. Br. Med J. 1(6017):1058-61, 1 May 76.

No description available.

23. Evenson, R. C.; Altman, H.; Sletten, I. W.; Knowles, R. R. Factors in the description and grouping of alcoholics. Am J Psychiatry 130(1):49-54, Jan 73.

No description available.

24. Feldman, Joseph; Su, Wen Huey; Kaley, Maureen M.; Kissin, Benjamin. Skid row and inner-city alcoholics: A comparison of drinking patterns and medical problems. Quarterly Journal of Studies on Alcohol, 1974 Jun Vol. 35(2) 565-576.

Examined and interviewed 1,507 male Skid Row alcoholics and

777 male and female inner-city alcoholics admitted to treatment centers. Both groups were in poor health. Skid Row Ss were older and had less education than inner-city Ss. More Skid Row Ss were periodic drinkers and drank beer and wine.

25. Fillmore, Kaye M. Relationships between specific drinking problems in early adulthood and middle age: An exploratory 20-year follow-up study. Journal of Studies on Alcohol, 1975 Jul Vol 36(7), 882-907.

Specific drinking problems were remeasured after a 20-year interval in a panel study which surveyed men and women who were students at the time of the first study. The nature of the problems at both measurement points were time-ordered and analyzed and associations between them explored. Results indicate that some form of early intoxication and psychological dependence on alcohol were the most important early alcohol problems "predictive" of later alcohol problems among women. In middle-aged men, early symptomatic drinking behavior accompanied by frequent intoxication or binge drinking was most predictive of serious alcohol problems.

26. Filstead, W. J.; Goby, J. M.; Bradley, N. J. Critical elements in the diagnosis of alcoholism. A national survey of physicians. JAMA 236(24):2767-9, 13 Dec 76.

No description available.

27. Gaitz, C. M.; Baer, P. E. Characteristics of elderly patients with alcoholism. Arch Gen Psychiatry 24(4):372-8. Apr 71.
No description available.

28. Goodwin, Donald W. Alcohol in Suicide and Homicide. Quarterly Journal of Studies on Alcohol, 1973, 34, 1, Part A, Mar. 144-156.

The literature on the association between suicide and alcoholism and between homicide and drinking is reviewed. While suicide is substantially more frequent among alcoholics than in the general population, alcoholism is more common among attempters than among suicides; men outnumber women alcoholics among both suicides and attempts. Suicide rates are lower among black than among white alcoholics, and risk of suicide declines in all alcoholics after age 50. Suicide in alcoholics seems to be a response to loss of status. The low suicide rate among black alcoholics may be due to the early onset of problem drinking among them which may produce enough brain damage by middle age to dull the sufferings of alcoholics, and so the fact that few black alcoholics have had much wealth or status to lose. Suicide and alcoholism can be considered as expressions of the same self-destructive instinct or of the same predisposition to depression. Although about 25% of all suicide victims (alcoholics and nonalcoholics) drink immediately before death, little is known concerning the role of intoxication in suicide. In homicide, both killer and victim commonly have been drinking, often to intoxication, immediately before the event, but few murderers are alcoholics. Most murderers apparently do not respond to drinking in a pathological way, and drinking does not seem to produce aggressive behavior except in certain social situations.

29. Goodwin, D. W.; Schulsinger, F.; Hermansen, L.; Guze, S. B.; Winokur, G. Alcoholism and the hyperactive child syndrome. J Nerv Ment Dis 160(5):349-53, May 75

Comparisons were made between alcoholics and nonalcoholics in a sample of Danish adoptees (mean age 30) and it was found that the alcoholics, as children, were more often hyperactive, truant, antisocial, shy, aggressive, disobedient, and friendless. The literature suggesting a relationship between the hyperactive child syndrome and subsequent alcoholism is reviewed, as well as a possible relationship between these disorders and antisocial behavior. The adoptive parent of the two groups did not differ with regard to socioeconomic class, psychopathology, or drinking histories. However, 10 of the 14 alcoholics had biological parents who were alcoholic, with no known alcoholism among the biological parents of the nonalcoholics. As adults, the alcoholics differed from the nonalcoholics only with regard to drinking history, use of drugs, and overt expression of anger.

30. Gorwitz, Kurt; Bahn, Anita; Warthen, Francis; Cooper, J.; Myles Some epidemiological data on alcoholism in Maryland; Based on admissions to psychiatric facilities. Quarterly Journal of Studies on Alcohol, 1970, Jun. Vol. 31(2-A), 423-443.

Focuses on logitudinal trends, patterns of care as related to population characteristics, and selected mortality information relating to alcoholics. During a 3-year period ending 30 June 1964, 6,432 persons were reported to the Register as having been under care in a participating facility with a psychiatric diagnosis of alcoholism. 18% of the alcoholics had 1 or more treatment episodes in which they received another psychiatric diagnosis. A total of 357 deaths were reported. The educational level of the alcoholics was strikingly similar to that of Maryland's general population aged 14 years or older.

31. Gottheil, E.; Alterman, A. I.; Skoloda, T. E.; Murphy, B. F. Alcoholics' patterns of controlled drinking. Am J Psychiatry 130(4):418-22, Apr 73

No description available.

32. Grant, Murray; Tatham, Richard J. The District of Columbia's Experiences with the Alcoholic. JAMA 1967, 202(10), 931-934

The Washington, D. C. Courts declared the alcoholic to be sick rather than criminal in the Easter Case. Rehabilitation programs were initiated, but are only a beginning in the treatment of Washington's alcoholics. Similar decisions are inevitable and will require the Medical Profession to take action. Whether the profession is ready to exercise its leadership role in the development of treatment facilities is discussed.

33. Guntern, G. Social changes and alcohol consumption in a mountain village. Schweizer Archiv fur Neurologie, Neurochirugia und Psychiatrie, 1975 Vol 116(2) 353-411

Reports on the 1st study of a longitudinal investigation of the economic and sociocultureal changes in a Swiss mountain village following the construction of a road in 1951 which transformed the community into an international tourist area, "invaded by mass modern tourism." Cultural lag and unsuccessful adaptations have been demonstrated, together with high anxiety, insecurity, and economic imbalances. One result of the pathological changes has been alcoholic consumption, although it is reported that fewer than 6% of the men and 0.3% of the women are designated as alcoholics. The study began 19 years after the onset of the social change associated with the "tourist invasion." The next study will be made in 1980.

34. Habitual drunken offenders. Lancet 1(702):745, 10 Apr 71.

No description available.

35. Hagnell, O.; Tunving, K. Prevalence and nature of alcoholism in a total population. Social Psychiatry 1972 Dec. Vol. 7(4) 190-201.

Conducted an epidemiological study of alcoholism using the entire population over the age of 20 years in Lundby, Sweden. Of the 950 males, 2% were chronic alcoholics, 3.4% alcohol addits, and 4.9% alcohol abusers. Only 1 woman was diagnosed as alcoholic. Of the 98 male alcoholics, 63% were not known to the Temperance Boards indicating a large proportion of "hidden" alcoholics. The sex differences found are considered in terms of cultural factors and the greater incidence of neuroses among women. It is noted that certain personality characteristics, psychopathy and psychosomatic diseases, and occupations associated with higher morbidity were variables found in both alcoholics and psychiatric patients.

36. Hoffmann, Helmut; Noem, Avis A. Sex differences in a state hospital population of alcoholics on admission and treatment variables. Psychological Reports. o975 Aug Vol. 37(1) 145-146.

Compared 2,077 males and 194 females admitted to an alcohol treatment unit of a state hospital over a three-year period. Female alcoholics showed a significantly higher percnetage than male alcoholics of 1st admissions (46% vs 36%), voluntary referral status (58% vs 48%), married status (55% vs 47%), younger age of 25-44 years (46% vs 33%), and high school education (68% vs 43%. Sex differences for treatment variables (e.g., completion of program, length of stay, and prognosis) were small. Significantly more females than males were referred to community mental health centers (17% vs 9%) and clergy (8% vs 4%) and less often referred to employers (9% vs 18%) and law enforcement agencies (0% vs 5%). The sex differences might reflect societal norms and circumstances.

37. Hoffman, Helmut; Wefring, Larry R. Sex and age differences in psychiatric symptoms of alcoholics. Psychological Reports 1972 Jun Vol. 30(3) 887-889.

Individually rated 376 male and 69 female chronic hospitalized alcoholics on the Brief Psychiatric Rating Scale. Counselors rated women higher than men on neurotic symptomatology. Ss of increasing ages were rated higher on scales indicating brain damage.

38. Hoffman, Helmut; Wojtowicz, E. H.; Anderson, Don E. Analysis of demographic variables characterizing hospitalized male alcoholics. Psychological Reports 1971, Aug. Vol. 29(1), 27-33.

Factor analyzed 37 demographic variables for 214 alcoholics hospitalized in 5 different treatment centers. Low correlations among variables represented by high loadings on the 12 factors extracted lead to the conclusion that the alcoholic population tested can be described as being clearly heterogeneous in respect to these demographic characteristics.

39. Hore, Brian; Smith, Eileen. Who goes to alcoholic units? British Journal of Addiction 1975 Sep. Vol 70(3) 263-370.

Obtained data on 269 male and 65 female inpatients attending 15 of the 17 alcoholic units in England and Wales. The mean age was 42 years +-12.1 (males) and 40.3 years +-9.7 (females). Results show that patients educated in grammar school were overrepresented compared with school dropouts in 1950. 84.3% of the patients were reared by one or more parents. In terms of social class (SC), there was an overrepresentation of SC I, II, and V in the patient sample as compared with 1961 census data. Data were compared with clients attending Information Centers in England, AA members in London, clients attending Alcoholism Treatment Centers in the US, and London Skid Row members. Patients attending alcoholism units closely resembled the former 3 groups and all 4 groups were sharply different from members of Skid Row. Although the units were homogeneous, some inter-unit differences in population were evident which would make comparisons of treatment very difficult.

40. Incarceration in hospital and jail facilities and utilization of life style, transient male alcoholic. International Journal of Social Psychiatry. 1974 Aut-Win, Vol. 20(3-4)242-250.

Followed a male alcoholic transient for 2 years during which he was incarcerated in 61 hospital and jail facilities at a cost of $11,543. The most costly incarcerations occurred at hospitals in large cities. An interview with the S revealed how he functionally utilized his transient life style. Considering the high cost of processing the alcoholic through the "revolving door", a new rehabilitation method is proposed-socialization, rather than resocialization. A final suggestion concerns the creation of "mini-societies" specifically designed to meet the needs of the population they serve.

41. Jansen, David G. Use of the Personal Orientation Inventory with state hospital alcoholics. Journal of Clinical Psychology. 1974 Jul Vol 30(3) 310-311.

Studied Personal Orientation Inventory (POI) profiles of state hospital alcoholic patients of both sexes. Ss emerged as significantly less self-actualized than men and women in the general population. Differences between the Ss and non-self-actualized adults and between male and female alcoholics were small and could be attributed to change. Comparison of 4 age groups of Ss on the basis of mean POI scale scores suggests that the POI is of limited and questionable value to discriminate among age groups of alcoholics. Overall, it appears that the POI is of value primarily as a rough screen of alcoholics from the general population, rather than as an instrument to differentiate among subgroups of alcoholics. Interpretation of individual POI subscales was questioned because of nigh interscale correlations and the few factors tapped by the POI scales.

42. Jansen, David G.; Hoffmann, Helmut. Demographic and MMPI characteristics of male and female state hospital alcoholic patients. Psychological Reports. 1973 Oct Vol. 33(2) 561-562.

Compared 975 male and 404 female state hospital alcoholic patients on demographic and MMPI characteristics. Men and women were basically similar with regard to age, educational level, intelligence, and abstract reasoning ability and showed a similar pattern of divergence from the general population on the MMPI scales.

43. Kal, E. F. Contradictions in the alcoholism criteria. Am J. Psychiatry 130(5):606, May 73.

No description available.

44. Khoury, N. J. When alcoholics stop drinking. Postgrad Med. 43(6):119-23, Jun 68.

No description available.

45. Koller, K. M.; Castanos, J. N. Family background and life situation in alcoholics. A comparative study of parental deprivation and other features in Australians. Arch Gen Psychiatry 21(5):602-10, Nov 69.

No description available.

46. Levitin, L. B.; Ezrielev, G. I.; Levitin, A. N. Concerning questions of the epidemiology and structure of alcoholic psychoses. Zhurnal Nevropatologii i Psikhiatrii 1971, Vol. 71(4), 583-588.

Investigated 134 cases of alcoholic psychosis (ac) at a Leningrad treatment center. Acute and protracted ac comprised 5.8% of the total treated hospital population. Ss were classified according to: delirium (55%), acute hallucinosis (20.9%), acute paranoia (.8%) and prolonged forms of psychosis (23.1%). Data indicate that (a) acute ac is more than 3 times as prevalent in the population as protracted ac; (b) the "exposition" period (from onset of alcoholism to the 1st signs of psychosis) is shorter in protracted cases, older cases, and women; (c) protracted cases tend to be characterized by extensive previous somatic and traumatic disturbances, whereas acute cased do not; (d) the onset of psychotic symptoms follows soon after a period of heavy drinking; (e) recidivism for acute ac is 20% (50% of these during the 1st year); (f) length of each hospitalization does not seem to increase with recidivism; and (g) symptoms often change with successive relapses, especially from delirium to acute hallucinosis. More adequate diagnostic approaches and longer observation periods are recommended to reduce recidivism.

47. Lief, Victor F. Is alcoholism just another addiction? Drug Forum 1974 Vol. 4(1) 1-2.

Notes that the estimated seven million alcoholics in the US differ in many ways from the drug addict in age, prior success, family relationships, types of crime, and methods of consumption, all of which makes for their treatment in different settings and methods. It is also noted that many important people in public life had had personal experiences with alcoholism which has had great influence on the politics and economics of the present attitude toward and treatment of alcoholism.

48. Litman, Gloria K. Stress, affect and craving in alcoholics: The single case as a research strategy. Quarterly Journal of Studies on Alcohol, 1974 Mar Vol. 35(1-A) 131-146.

Used the "intensive-design" model of research to evaluate the relationship between the craving for alcohol and ataraxic motivation (drinking to relieve unpleasant affect). The Personal Questionnaire was administered to a 28-year old man and a 31-year old woman, patients in a psychiatric hospital, with a primary diagnosis of alcohol addiction, and a list of their symptoms of affect and craving was compiled. Ss then rated the severity of each symptom before and after each of 8 and 10 group therapy sessions (a stressful situation) and 7 and 8 relaxation therapy sessions (a nonstressful situation). Symptom ratings after group therapy indicated greater anxiety and craving in the woman and no change in the man; after relaxation therapy, less anxiety and craving in both patients. Craving was related to anxiety in the woman and to somatic symptoms in the man. It is concluded that the nature of craving may be related to states other than affect, and that ataraxic motivation may be associated with specific affective states.

49. MacCoby, Michael. War between the sexes in a Mexican Rural Community. Revista de Psicoanailisis, Psiquiatriia Y Psicologiia, 1966 No. 4, 54-76.

Reports on part of a 5-year sociopsychological study initiated and directed by Erich Fromm of 850 village inhabitants. 420 peasants ages 16 and over were interviewed. A sociometric questionnaire obtained data on type of work, property, education, church attendance, and living standards of each S. A projective-type of questionnaire concerned the motivational structure of Ss in terms of their attitudes towards work, leisure, aspirations, love, relations with parents, husband or wife, children, and also covered likes, dislikes, and hypothetical situations. Results reveal a vicious cycle based on 2 factors which significantly influence the relationship between the sexes and the development of masculine and feminine personalities: (1) cultural factors-arising from the underlying clash between a basically patriarchal society and increasingly strong matriarchal tendencies (about 20% of families are matriarchal as result of abandonment by the huscand), and the women who attack, ridicule, and undermine the manliness of traditional-minded husbands (75% of the alcoholics are dominated by their wives); and (2) socio-economic factors - due to the lack of land and the difficulties of the men to support their families and feel wanted in the home.

50. Maletzky, Barry M.; Klotter, James. Smoking and alcoholism. American Journal of Psychiatry 1974 Apr. Vol. 131(4) 445-557.

Interviewed 57 hospitalized alcoholics and 50 nonhospitalized control Ss to clarify the relationship between alcoholism and cigarette smoking. It was found that alcoholics smoked significantly more than nonalcoholics, even when only women Ss were considered. In addition, there was a high positive correlation between the amount alcoholics drank and the amount they smoked. However, when they were abstaining from alcohol consumption, alcoholic Ss did not necessarily smoke more. Implications of these finding both for treatment and for 2 theoretical models, oral "drive" and susceptibility, are discussed.

51. Marquis, Paul A.; Dallaire, Michel. Evaluation and treatment of the intoxicated patient. Vie Medicale au Canada Francais, 1972, Mar. Vol. 1(3) 293-298.

Describes the causes, symptoms, and treatment of (a) acute and chronic alcoholism, (b) adolescent intoxication with hallocinogens, and (c) narcotic addiction.

52. McGonegal, J. The role of sanction in drinking behavior. Quarterly Journal of Studies on Alcohol. 1972 Sept. Vol. 33(3-A) 692-697.

Studied parental attitudes and behavior about drinking and the sanctions about drinking held by S's religious denomination, as perceived by the S, in a group of 100 alcoholics (average age 39, 20 women) and in 50 member (average age 42, 12 women) of 2 local Jewish social groups. Among the alcoholics' parents, attitudes toward drinking and drinking behavior were significantly different ($p<.005$). The religious sanctions were not significantly related to drinking attitudes and benavior of parents. Among the Jews, however, religious sanction was strongly related to the parents' drinking attitudes and behavior ($p<.0005$), independent of the sex of the parent. It is suggested that the degree of difference in drinking attitudes and behavior between parents can make sanctions ineffective.

53. Mello, N. K.; Mendelson, J. H. A quantitative analysis of drinking patterns in alcoholics. Arch Gen Psychiatry 25(6): 527-39, Dec. 71.

No description available.

54. Medina, C.,; Eduardo; Marconi, Juan. Prevalence of types of drinkers among adult Mapuche Indian population of reservations in Cautin province. Acta Psiquiatrica y Psicologica de America Latina, 1970, Sep. Vol. 16(3), 273-285.

Employed an interview schedule to study the drinking habits of the adult population (145 Ss) of 5 Mapuche Indian reservations near Metronco, Almago, and Budi (in Chili). According to a previously tested definition, 9% of the Ss were teetotalers, 64.8% were moderate drinkers, 13.1% were excessive drinkers, and 13.1% were alcoholics. Of the men, 25.7% were excessive drinkers and the same proportion were alcoholics while only 1.3% of the women were included in the same categories. Male excessive drinkers distributed from 15-69 yr. of age, while alcoholics concentrated around 30 and 59 yr. of age. The findings differ from previous urban and rural field studies in Chile, alcoholics being twice as frequent among Mapuche Indians.

55. Merry, J.; Marks, V.; A test for alcoholism? Lancet 2(611): 107-8, 12 Jul 69.

No description available.

56. Moore, Robert A. The prevalence of alcoholism in a community general hospital. American Journal of Psychiatry, 1971, Nov. Vol. 128(5), 638-639.

Employed the Michigan alcoholism screening test (mast), medical histories, and diagnoses to determine the percentage of alcoholics in a general hospital. Of 200 patients, 13% of the men and 5.5% of the women were diagnosed alcoholic; 3.5% of the rest were questionable. It is concluded that a simple screening test like the mast provides a more sensitive measure of alcoholism in a general hospital population than do medical work-ups and physicians' diagnoses.

57. Nobel, E. P.; Butte, J. C.; Kakihana, R. A test for alcoholism? Lancet 2(611):107, 12 Jul 69.

No description available.

58. O'Leary, M. R.; Donovan, D. M.; Chaney, E. F. The relationship of perceptual field orientation to measures of cognitive functioning and current adaptive abilities in alcoholics and nonalcoholics. J Nerv Ment Dis 165(4):275-82, Oct 77.

The present study investigated the invluence of perceptual field orientation, as measured by the Group Embedded Figures Test (GEFT), on cognitive functioning among alcoholics and nonalcoholics. The subjects were classified as field dependent, intermediate, or field independent based upon their GEFT scores. Cognitive function was assessed by the Wechsler-Belleview Intelligence Scale as well as the Category Test. Tactual Performance Test, and Trail Making Tests of the Halstead Reitan Neuropsychological Test Battery. Three primary findings emerged. First, the alcoholics appeared to be significantly impaired on measures of abstraction, problem solving, and adaptive abilities relative to nonalcoholics. Second, a direct relationship was found between GEFT scores and level of cognitive function within both alcoholic and nonalcoholic samples, with field-dependent subjects evidencing the most impaired performance. Third, the level of perceptual field orientation accounted for a large portion of the variance between the alcoholic and nonalcoholic samples, with field-independent alcoholics performing at a level comparable to or greater than other nonalcoholic subgroups on a number of the cognitive variables. These results provide validational support for the GEFT and indicate that field orientation may be a relevant variable in the assessment of cognitive function in both alcoholics and nonalcoholics.

59. Paredes, A.; Ludwig, K. D.; Hassenfeld, I. N.; Cornelison, F. S. Jr. A clinical study of alcoholics using audiovisual self-image feedback. J Nerv Ment Dis 148*4):449-56, Apr 69.

No description available.

60. Piron, Ernest. Assessment of the male alcoholic's response to women through the use of visual stimuli. Dissertation Abstracts International, 1975 Jul. Vol. 36(1-B) 454-455.

Attitudes toward women as measured by preferences for motherly vs sexual vs mature vs adolescent pictures of females, 35-55 yr old alcoholic vs schizophrenic vs normal males.

61. Pattison, E. Mansell; Coe, Ronald; Doerr, Hans O. Population variation among alcoholism treatment facilities. International Journal of the Addictions 1973, Vol. 8(2) 199-229.

Studied differences in population characteristics between patients at 4 alcoholism treatment centers: an aversion-conditioning hospital, an outpatient clinic, a half-way house, and a police work center. MMPI and MacAndrew Alcoholism scale scores and demographic data were obtained for each of the 111 patients. Using the concept of "social competence," the 4 populations demonstrated a continuum of competence, with the aversion-conditioning Ss having the highest level and the police work center, the lowest. A high degree of congruence between psychodynamic needs, defenses, and goals of each population and the respective facility was found. Results suggest that there may be predetermining factors which influence the selection of each facility by its client population. Specific differences between groups on the MMPI, and the philosophy of each facility are discussed.

62. Richmond, G. W. Letter: The American Alcoholic. JAMA 231(13): 1339, 31 Mar 75.

No description available.

63. Riech, T.; Robins, L. N.; Woodruff, R. A.; Taibleson, M.; Rich, C.; Cunningham, L. Computer-assisted derivation of a screening interview for alcoholism. Arch Gen Psychiatry, 32(7):847-52, Jul. 1975.

A short screening interview for the diagnosis of alcoholism has been developed with the assistance of the automatic interaction detector (AID) program (a multivariate sequential analysis strategy) that is part of the OSIRIS statistical package. Retrospective and prospective tests of the effectiveness of the interview have shown that it permits a diagnosis of alcoholism with less effort than a larger, more comprehensive research interview. The performance of the screening and research interviews have been compared to assess the effects of severity of illness and reliability of individual replies on the diagnoses made by each inter[illegible]

64. Rimmer, John; Pitts, F. N.; Reich, T.; Winokur, G. Alcoholism, II. Sex, Socio-Economic Status and Race in Two Hospitalized Samples. Quarterly Journal of Studies on Alcohol, 1971, 32, 4, Dec. Part A. 942-952.

Clinical and soc. data were collected on 112 alcoholics (36 women, 43 Negroes) admitted to a public hospital and 147 (67 women, 20 Negroes) to a private hospital in St. Louis, Mo. The X age of the .sigma. sample was 42. The onset of alcohol problems had occurred in 24% before age 20; in 44% before age 25; 85% were alcoholics by age 40. The public-hospital alcoholics reported earlier onset of alcohol problems than the private-hospital alcoholics and a younger age average at 1st drink (15 vs 18%); in fewer, this was their 1st hospitalization for alcoholism (29 vs 18%), and they had more such hospitalization for (3.8 vs 3.0); more were "bender" (79 vs 44% and morning drinkers (86 vs 63%); more had a history of delirium tremens (51 vs 19%), blackouts (79 vs 63%), alcoholic hallucinosis (40 vs 11%) and alcohol-related arrests (65 vs 27%); fewer were married (27 vs 53%) and had a primary diagnosis of alcoholism (60 vs 73%). The men alcoholics reported earlier onset of alcohol problems than the women and a younger age at 1st drink(15 vs 19); more were daily (87 vs 78%), morning (78 vs 64%) and bender drinkers (67 vs 47%); more had a history of delirium tremens (40 vs 21%+), blackouts (74 vs 62%+) and alcohol-related accidents (55 vs 21%); fewer had attempted suicide (26 vs 44%+). The Negroes were younger than the whites and reported earlier age at onset of alcohol problems; more were morning drinkers (89 vs 67%); more reported delirium tremens (54 vs 26%) and alcoholic hallucinosis (47 vs 16%). while fewer had evidence of liver damage (6 vs 20%). Negro women had more hospitalization than white women (4.2 vs. 2.9), Negro men (2.4 and white men (3.2), and more were bender drinkers than white women (62 vs 39%).

65. Rimmer, John; Pitts, F. N.; Reich, T.; Winokur, G. *Alcoholism: II. Sex, socioeconomic status and race in two hospitalized samples.* Quarterly Journal of Studies on Alcohol 1971 Dec. Vol. 32(4, Pt. A) 942-952.

Collected clinical and social data on alcoholics (103 women, 63 Negroes) admitted to a public and to a private hospital. The mean age of the total sample was 42. The onset of alcohol problems had occurred in 24% before age 20; in 44% before age 25; 85% were alcoholics by age 40. The public hospital Ss reported earlier onset of alcohol problems and a younger average age at 1st drink; more hospitalizations for alcoholism; more "bender" and morning drinking; and more delirium tremens, blackouts, alcoholic hallucinosis, and alcohol-related arrests. Males reported earlier onset of alcohol problems than females and a younger average age at 1st drink; more were daily, morning, and bender drinkers; more had a history of delirium tremens, blackouts, and alcohol-related arrests; and fewer had attempted suicide. The Negroes were younger than the Caucasians and reported earlier age at onset of alcohol problems. More Negroes were morning drinkers, and more reported delirium tremens and alcoholic hallucinsis, while fewer had evidence of liver damage. Negro women had more hospitalizations than Caucasian women, Negro men, and Caucasian men, and more were bender drinkers than Caucasian women.

66. Rosalki, S. B. Letter: Screening test for alcoholism. Lancet 2(833):843, 13 Oct 73.

No description available.

67. Rosenberg, Nathan; Goldberg, Irving, D.; Williams, George W. Alcoholism and Drunken Driving: Evidence from Psychiatric and Driver Registers. Quarterly Journal of Studies on Alcohol, 1972, 33, 4, Part A, Dec 1129-1142.

The Md Psychiatric Case Register (MPC); a record of nearly all Md residents who had received services in Md and District of Columbia psychiatric facilities (period used 1961-65), was matched against the National Driver Register (NDR), a record of persons whose driver licenses have been revoked, suspended, or withdrawn (period 1961-68); offenses other than drunken driving were ignored. Of 29,039 white M's aged 13 and over on the MPCR, 5,157 were psychiatrically diagnosed alcoholics, and of these, 11% were found to be probable matches (drunken drivers) on the NDR, in contrast with 1% of the nonalcoholic patients. Among the latter, the probable match rate was highest in those with nonalcoholic sociopathic personality disorders (2%) and psychoneurotic disorders (2%). The probable match rate on the NDR was 13% in alcoholics with a diagnosis of "alcoholism (addition)" and 7% in alcoholics with a diagnosis of "acute or chronic brain syndrome associated with alcohol intoxication." The alcoholism (addiction) match rate was 9% in Baltimore residents, 15% in nonresidents of Baltimore; 13% among inpatients, 9% among outpatients. The probable matches had a x age of 42, the nonmatches 47. The differences may, in part, reflect variations in driving exposure. It is estimated that about 7% of convicted white M's drunken drivers in Md are psychiatrically diagnosed alcoholics, a % similar to those reported in studies elsewhere.

68. Ruggels, W. Lee; Armor, David J.; Polich, J. Michael. A Follow-Up Study of Clients at Selected alcoholism treatment centers funded by NIAAA. NTIS Document Reproduction Service, PB-242 204/6SL, 1975.

A follow-up study is reported of over 2,000 persons with various alcohol-related disabilities who had contact with eight alcoholismtreatment centers (ATC's) for periods ranging from one day to 18 months. In addition to providing a detailed description of persons served by these ATC's, the report includes analyses showing that about 7% of such persons greatly reduced and generally maintained a reduction of alcohol consumption up to 18 months; that the six-months' assessment of male non-DWI clients gives a good indication of their alcohol behavior at stability, and that their behavioral impairment, social class, and social stability, are the best indicators of recovery. It was found that the degree of recidivism varies according to particular client group.

69. Sanford, Nevitt. Personality and patterns of alcohol consumption. Journal of Consulting + Clinical Psychology. 1968, 32(1), 13-17.

M. C. Jones found that male adolescents who later became problem drinkers were distinguished by a set of traits suggecting underlying dependence with overcompensatory strivings for maleness and that patterns of non-problem-drinking and abstaining are also correlated with dispositions of personality. The significance of this work for the neglected field of alcohol-related behavior is discussed. It is felt that Jones's study, though highly original, suffers from the fact that her frequency-amount scheme for classifying drinkers lacks subtlety and is not based on general theory. A scheme for classifying alcohol related behavior on the basis of its relations to the purposes, functioning, and development of the individual is briefly outlined, and its implications for research and practice are indicated.

70. Schuckit, Marc A.; Goodwin, Donald A.; Winokur, George. A study of alcoholism in half siblings. American Journal of Psychiatry, 1972, Mar. Vol. 128(9), 1132-1136.

Studied the incidence of alcoholism in children who had an alcoholic biologic parent but who were raised by nonalcoholic parent figures and in children who did not have an alcoholic biologic parent and who were raised by alcoholic parent figures. Similarly, children with and without alcoholic biologic parents who shared their childhood homes with alcoholic problems were compared. Ss were 164 half siblings of 69 22-54 year old patients representing 10% of the admissions to a state hospital alcoholic unit over an 18-mo. period. It was found that for each comparison of genetic and environmental factors, the genetic factor seemed to be more closely associated with the development of alcoholism.

71. Siassi, Iradj; Crocetti, Guido; Spiro, Herzi R. Drinking Patterns and Alcoholism in a Blue-Collar Population. Quarterly Journal of Studies on Alcohol, 1973, 34, 3, Part A, Sep, 917-926.

The relationship between data in blue collar population and utilization by this population of an alcoholic clinic is reported. Interviews with questions related to drinking were conducted with 937 members (429 women) of the Baltimore United Auto Workers Union and their spouses as part of a larger survey on mental illness. The X R was 40.2 years old, had 9.7 years of education, had been married 17.2 years and had 3.7 children, had been on the present job 13.5 years and earned $8700 a year; 97% were white; 40% Catholic, and 51% Protestant; 85% were married and 6% were single; 50% were born in Baltimore and 64% had lived at the same address for more than 5 years. Of the R's, 377 (97 women) were drinkers and of these, 67% of the men and 39% of the women were heavy drinkers, and 10% of the men and 3% of the women were heavy-escape drinkers. Of the drinkers, 25% and 26% drank to be sociable or when others were drinking, 32% drank as part of an important oc-

CHARACTERISTICS OF ALCOHOLICS

1. Allen, L. R. Note on the position of the alcoholic in the therapeutic programme. Psychological Reports 1969, 24 (3), 695-697.

   Describes the similarities between student volunteers for therapy and alcoholic volunteers for treatment. It is evident that alcoholics who stay in treatment are not so much "real character disorder types" but are rather neurotics who are willing to admit poor family and social relationships. It is suggested that personality tests may be tapping both the alcoholics' realistic self-appraisal of his social situation, and his inability to deal with his social environment.

2. Bahr, Howard M. Family size and stability as antecedents of homelessness and excessive drinking. Journal of Marriage and the Family. 1969, 31(3), 477-483.

   Men from large families and broken homes have been described as overrepresented in skid-row and alcoholic populations. A reassessment of the linkage between these variables based on (a) survey data from 2 skid-row populations (N = 402) and a control sample (N= 125) of lower-class men, and (b) a reinterpretation of some of the findings of previous investigators, leads to the conclusion that neither the broken home nor the large family are, in themselves, significant factors in the etiology of homelessness and excessive drinking.

3. Beaudouin, H.; Beaudouin, J. L. Ancients and Moderns. Annales Medico-Psychologiques, 1968, 2(2), 155-183.

   Considers whether mental patients are like other patients in regard to the doctor-patient relationship, medical-legal considerations, professional activities, hospitalization requirements, prevention and rehabilitation, and uniqueness of illness. This is reviewed within a historical context as in R. Semelaigne's "Pioneers of French Psychiatry" (see H. Beaudouin & J. L. Beaudouin, 43:7), and in a modern context beginning with the work of Edouard Toulouse who advocated the creation of open psychiatric services, mental hygiene programs, and special treatment centers for alcoholics, epileptics, retardates, etc.

4. Blaney, Roger; Radford, Inge S. The prevalence of alcoholism in an Irish town. Quarterly Journal of Studies on Alcohol, 1973 Dec. Vol. 34(4-A 1255-1269.

   Conducted interviews with 181 males and 179 female residents (aged 18 and over) of Larne, Northern Ireland, 82% of the men and 59% of the women drink. Of the 252 drinkers, 3.6% had high scores on H. A. Mulford and D. E. Miller's 1960 Preoccupation with Alcohol Scale, 12.7% had low scores, and 83.7% had no preoccupation. Abnormal drinking (high preoccupation) was not significantly related to religion, social class, or number of years since the 1st drink. All 9 abnormal drinkers were men, 5 of whom were 18-34 years old. One or more troubles due to drinking (Mulford and Miller's Troubles Due to Drinking Index) were reported by 17 men and 2 women. The Preoccupation with Alcohol Scale detected 9 of the 11 known alcoholics, and the Troubles Due to Drinking Index detected 10. The preoccupation scale, however, is considered more suitable for cross-cultural comparisons since the trouble index may vary with intercultural differences in the social acceptance of heavy drinking.

5. *The Parameters of Responsible Alcohol Taking*. Booz, Allen Public Administration Services, Inc. Washington, D.C.: NTIS Document Reproduction Service, PB-242 626/OSL, 1973.

   The report presents a framework for defining the parameters of responsible alcohol taking and for discussing the contextual nature of alcohol use and misuse. The framework is organized to present various theses, including: (1) The primacy of individual choice with regard to drinking practices; (2) responsible and irresponsible drinking as a distinction determined by the individual within the context of societal consequences; (3) the need for individual awareness as to one's own parameters of responsible alcohol taking; (4) the need for alternatives to those drinking behavior patterns which lead to negative consequences; and (5) the capability of American institutions to promote conditions which facilitate responsible drinking habits. The report is intended to be a starting point for NIAAA in developing dialogues on the subject with various elements of the population.

6. Bruce, James D. *Alienation and the Labeled Deviant: The Case of the Lower-Class Alcoholic Offender*. Case Western Reserve Journal of Sociology, 1969, 3 Aug. 39-51.

   The hypothesis that alcoholics tend to be alienated from society is evaluated, aiming not at a casual theory but at a better portrait of alcoholic traits. G. Nettler's scale of alienation ("A Measurement of Alienation", American Sociological Review 1957, 22, 670-677) was administered to 16 alcoholics (identified as such by themselves and the warden) and 18 nonalcoholics serving misdemeanor sentences -- all M. Caucasian, aged 30-55, of similar SC, American-born, and without felony records. Application of the X squared test reveals .05 significant correlation of alcoholism with estrangement; Spearman's rho reveals no significant link of estrangement with youth or low education, but alcoholics were more estranged if they had had more previous commitments, and within the .sigma. sample those never married were more estranged. There is value for further study of the alcoholic's SR. 3 Tables.

7. Browne, Marilyn A. *The relationship of anxiety to social drinkers and members of Alcoholics Anonymous*. Dissertation Abstracts Internationa. 1976 May Vol. 36(11-B), 5851.

   No description available.

8. Caldwell, D. Letter: Alcoholism and its identification. Br. Med. J. 2(913):275, 4 May 74.

No description available.

9. Chafetz, M. E. Alcoholism criteria: an important step. Am. J. Psychiatry 129(2):214-5, Aug 72.

No description available.

10. Chynoweth, R. The problem of drug dependency. Australian Occupational Therapy Journal 1969, Oct. Vol. 16(4), 9-13.

Describes the problem of drug dependency in 3 sections: alcoholism, which occurs predominately in males; barbiturate dependency, which occurs predominately in females in early middle life; and narcotics dependency, which occurs predominately in teenagers of both sexes. The incidence of dependency, symptoms, and treatment are described. It is concluded that until other causative factors are discovered, drug dependency must be regarded as a socially acquired illness, and the reasons for this behavior and its prevention are the responsibility of the society.

11. Clarke, Sandra K. Self-esteem in men and women alcoholics. Quarterly Journal of Studies on Alcohol. 1974 Dec. Vol. 35(4) 1380-1381.

Compared self-esteem, as measured by a modified S10 Q-Sort. of 20 female alcoholics (mean age 37.2) with that of 20 male alcoholics (mean age 40.7). Both groups had been abstinent a mean of 3 months and did not differ in education, number married, or IQ. No comparisons of mean correlations between real-self-ideal-self, real-self-adjustment, or ideal-self-adjustment were significant.

12. Clark, Walter. Operational definitions of drinking problems and associated prevalence rates. Quarterly Journal of Studies on Alcohol, 1966, 27(4), 648-668.

More commonly used definitions of alcoholism share 4 elements: excessive intake, mental disturbance due to drinking, disturbance of social and economic functioning, and loss of control over drinking. 11 indices of drinking problems were constructed to represent these definitional elements and a prevalence estimate for each is presented. The indices include 3 indicators of excessive intake. 5 measures of interpersonal problems due to drinking, an index of the use of alcohol for coping with tension or anxiety, an index of possible alcohol addiction, and a description of the individual's own possible concern about his drinking. The data are taken from a longitudinal study of the uses of alcoholic beverages among the noninstitutionalized adult population of San Francisco. The sample (weighted N-9911), drawn by area probability techniques, makes possible the estimation of the prevalence of various drinking problems in a general population. For any 1 or more of the 11 indices, the rate was 6.2% (men 9.5%, women 4%). A standardized approach to measuring prevalence would greatly improve comparative studies.

13. Cocito, E.; Arata, P. Bevilacqua; Franzetti, F.; Pessi, P. A.; Psychosocial aspects of alcoholism: A study of admissions to the Genoa Quarto Psychiatric Hospital 1963-1973. Neuropsichiatris 1974, Vol. 30(1-2) 1-69.

    Analyzed the annual hospitalization rate and length of stay of 1,403 males hospitalized for alcoholism. 32% of all admissions were for alcoholism, and 36% of the alcoholics came from the lower classes. The increase in alcoholism is related to population changes through analysis of census data. Also examined were sociological factors regarding birthplace, migratory trends, age at 1st admission, educational and occupational level, marital status, family relationships, antisocial behavior, and recidivism rates. In view of the socioeconomic and clinical harm done by alcoholism, more resolute intervention on the part of women authorities is recommended.

14. Curlee, Joan. A comparison of male and female patients at an alcoholism treatment center. Journal of Psychology, 1970, 74(2), 299-247.

    To test hypotheses concerning sex differences in alcoholism, 100 male and 100 female patients in a private alcoholism treatment center were compared on the basis of psychological testing and social history. Both groups showed similare MMPI mean profiles and 1-point codes. The women had received more psychiatric treatment, made more suicide attempts, and experienced more family disruption. The women's alcoholism was more likely to be related to a specific situation and they were more likely to have abused medication. There was marked intragroup diversity.

15. Criteria for the diagnosis of alcoholism. Ann Intern Med 77(2): 249-58, Aug 72.

    No description available.

16. Criteria for the diagnosis of alcoholism by the Criteria Committee, National Council on Alcoholism. Am J Psychiatry 129 (2):127-35, Aug 72.

    No description available.

17. Deardorff, C. Melvin; Melges, Frederick T.; Hout, Carolyn N.; Savage, D. Jane. Situations related to drinking alcohol: A factor analysis of questionnaire responses. Journal of Studies on Alcohol, 1975 Sep. Vol 36(9) 1184-1195

    Studied emotional and behavioral patterns related to customary social and self-defeating patterns of alcohol consumption. Problem drinkers included 45 patients in a residential alcoholism treatment program, 8 male outpatients in a treatment program for those with a history of violence associated with alcohol use, 82 outpatient alcoholism treatment patients, and 118 outpatients at a county treatment program who had been referred after a conviction of "driving while intoxicated." The nonproblem drinkers included 67 spouses of problem drinkers, 22 staff members of the treatment facilities, and 43 college students. Ss completed the Situations for Drinking (SIT) questionnaire, a series of 48 statements that linked a subjective frequency estimate of drinking to situations, and the Power Orientation Semantic Differential (POSD), a 26-item questionnaire on how they perceived themselves in terms of power dimensions. Factors distinguishing problem and nonproblem drinkers are discussed, and the validity of the SIT and POSD measures is examined.

18. Davis, C. N. Early signs of alcoholism. JAMA 238(2):161-2, 11 Jul. 77.

No description available.

19. Di Blasi, Giacomo; Gaglio, Luigi. Incidence of alcoholic toxic psychosis in the province of Turin; Statistical results and medical-legal considerations. Difesa Sociale, 1969, 48(1), 229-242.

Comparative data about the diffusion of alcoholism in various countries are presented with an interpretation of the continuous increase in the incidence of alcoholism in Italy. Various forms of alcoholic deviancy were found among patients recovered in the appropriate departments of psychiatric hospitals in Turin. In breaking down frequency of hospitalization according to sex, the incidence of alcoholic psychoses is much greater in men than in women. In the occupational category, the greatest incidence is found among workers and farmers. Breakdown according to age shows peak incidence between the ages of 31-60 in men and between the ages of 41-50 in women.

20. Edwards, Griffith; Chandler, Jane; Hensman, Celia. Drinking in a London Suburb: I. Correlates of Normal Drinking. Quarterly Journal of Studies on Alcohol, 1972, Supplement, 6, May, 69-93.

A quantity-frequency index of drinking patterns of 928 residents (520 F's) of a south London Suburb showed that 7% of the M's and 10% of the F's were abstainers: 17% & 36% occasional drinkers; 9% and 20% infrequent-light drinkers; 25% and 28% frequent light drinkers; 26% and 6% moderate drinkers; and 14% and none heavy drinkers. Among the women 49% in HSC were frequent-light drinkers compared with 18 to 30% of the women in other SC's/ Among the men 27% of class I and II were moderate or heavy drinkers compared with 40 to 46% of the other classes. More Roman Catholic than Church of England men and more Irish and Scottish than English and Welsh men were moderate or heavy drinkers. Both men and women who were heavy and frequent drinkers tended to have higher Extraversion scores on the Eysenck Personality Inventory than those in other drinking groups; there was no consistent relationship between drinking and and Neuroticism scores. The sample surveyed consisted of 81 to 94% of persons aged 18 and over from every 3rd household in 6 residential estates representing different property values. There is no single drinking pattern but there are patterns -- in part possibly with historical determinants -- differentiating classes and the sexes; these patterns may lead to different types of problems which might equally be labeled as problem drinking or alcoholism; and attempts at prevention would have to be geared to the goup differences in patterns and consequences.

21. Edwards, Griffith; Hensman, Celia; Peto, Julian. Drinking in a London Suburb: III. Comparisons of Drinking Troubles among Men and Women. Quarterly Journal of Studies on Alcohol, 1972, Supplement 6, May, 120-128.

    Data from previous studies on M/F ratios of drinking related problems are given and background information for this research is provided. Men and women are correlated according to: (1) drunkenness arrests, (2) mental hospital admissions for alcoholism, (3) deaths from cirrhosis, and (4) deaths due to 'alcoholism' or alcoholic psychosis, 408 of 462 M's and 520 of 577 F's comprise the drawn sample. Data include correlations between men and women to 25 possible troubles with drinking, over a period of 12 months, a summary of trouble scores for men and women, the amount of alcoholic beverage consumption correlated with men and women and X trouble scores according to 'consumption groups', and X neuroticism, extraversion, and altaraxic motivation scores in women. Results support the assumption that there is a considerable sex difference in drinking morbidity. The question raised (but not solved) is, do women drink less because of constraints on drinking itself -- or on problematic behavior?

22. Edwards T.; Gross, M. M. Alcohol dependence: provisional description of a clinical syndrome. Br. Med J. 1(6017):1058-61, 1 May 76.

    No description available.

23. Evenson, R. C.; Altman, H.; Sletten, I. W.; Knowles, R. R. Factors in the description and grouping of alcoholics. Am J Psychiatry 130(1):49-54, Jan 73.

    No description available.

24. Feldman, Joseph; Su, Wen Huey; Kaley, Maureen M.; Kissin, Benjamin. Skid row and inner-city alcoholics: A comparison of drinking patterns and medical problems. Quarterly Journal of Studies on Alcohol, 1974 Jun Vol. 35(2) 565-576.

    Examined and interviewed 1,507 male Skid Row alcoholics and

777 male and female inner-city alcoholics admitted to treatment centers. Both groups were in poor health. Skid Row Ss were older and had less education than inner-city Ss. More Skid Row Ss were periodic drinkers and drank beer and wine.

25. Fillmore, Kaye M. Relationships between specific drinking problems in early adulthood and middle age: An exploratory 20-year follow-up study. Journal of Studies on Alcohol, 1975 Jul Vol 36(7), 882-907.

Specific drinking problems were remeasured after a 20-year interval in a panel study which surveyed men and women who were students at the time of the first study. The nature of the problems at both measurement points were time-ordered and analyzed and associations between them explored. Results indicate that some form of early intoxication and psychological dependence on alcohol were the most important early alcohol problems "predictive" of later alcohol problems among women. In middle-aged men, early symptomatic drinking behavior accompanied by frequent intoxication or binge drinking was most predictive of serious alcohol problems.

26. Filstead, W. J.; Goby, J. M.; Bradley, N. J. Critical elements in the diagnosis of alcoholism. A national survey of physicians. JAMA 236(24):2767-9, 13 Dec 76.

No description available.

27. Gaitz, C. M.; Baer, P. E. Characteristics of elderly patients with alcoholism. Arch Gen Psychiatry 24(4):372-8. Apr 71.
No description available.

28. Goodwin, Donald W. Alcohol in Suicide and Homicide. Quarterly Journal of Studies on Alcohol, 1973, 34, 1, Part A, Mar. 144-156.

The literature on the association between suicide and alcoholism and between homicide and drinking is reviewed. While suicide is substantially more frequent among alcoholics than in the general population, alcoholism is more common among attempters than among suicides; men outnumber women alcoholics among both suicides and attempts. Suicide rates are lower among black than among white alcoholics, and risk of suicide declines in all alcoholics after age 50. Suicide in alcoholics seems to be a response to loss of status. The low suicide rate among black alcoholics may be due to the early onset of problem drinking among them which may produce enough brain damage by middle age to dull the sufferings of alcoholics, and so the fact that few black alcoholics have had much wealth or status to lose. Suicide and alcoholism can be considered as expressions of the same self-destructive instinct or of the same predisposition to depression. Although about 25% of all suicide victims (alcoholics and nonalcoholics) drink immediately before death, little is known concerning the role of intoxication in suicide. In homicide, both killer and victim commonly have been drinking, often to intoxication, immediately before the event, but few murderers are alcoholics. Most murderers apparently do not respond to drinking in a pathological way, and drinking does not seem to produce aggressive behavior except in certain social situations.

29. Goodwin, D. W.; Schulsinger, F.; Hermansen, L.; Guze, S. B.; Winokur, G. Alcoholism and the hyperactive child syndrome. J Nerv Ment Dis 160(5):349-53, May 75

Comparisons were made between alcoholics and nonalcoholics in a sample of Danish adoptees (mean age 30) and it was found that the alcoholics, as children, were more often hyperactive, truant, antisocial, shy, aggressive, disobedient, and friendless. The literature suggesting a relationship between the hyperactive child syndrome and subsequent alcoholism is reviewed, as well as a possible relationship between these disorders and antisocial behavior. The adoptive parent of the two groups did not differ with regard to socioeconomic class, psychopathology, or drinking histories. However, 10 of the 14 alcoholics had biological parents who were alcoholic, with no known alcoholism among the biological parents of the nonalcoholics. As adults, the alcoholics differed from the nonalcoholics only with regard to drinking history, use of drugs, and overt expression of anger.

30. Gorwitz, Kurt; Bahn, Anita; Warthen, Francis; Cooper, J.; Myles Some epidemiological data on alcoholism in Maryland; Based on admissions to psychiatric facilities. Quarterly Journal of Studies on Alcohol, 1970, Jun. Vol. 31(2-A), 423-443.

Focuses on logitudinal trends, patterns of care as related to population characteristics, and selected mortality information relating to alcoholics. During a 3-year period ending 30 June 1964, 6,432 persons were reported to the Register as having been under care in a participating facility with a psychiatric diagnosis of alcoholism. 18% of the alcoholics had 1 or more treatment episodes in which they received another psychiatric diagnosis. A total of 357 deaths were reported. The educational level of the alcoholics was strikingly similar to that of Maryland's general population aged 14 years or older.

31. Gottheil, E.; Alterman, A. I.; Skoloda, T. E.; Murphy, B. F. Alcoholics' patterns of controlled drinking. Am J Psychiatry 130(4):418-22, Apr 73

No description available.

32. Grant, Murray; Tatham, Richard J. The District of Columbia's Experiences with the Alcoholic. JAMA 1967, 202(10), 931-934

The Washington, D. C. Courts declared the alcoholic to be sick rather than criminal in the Easter Case. Rehabilitation programs were initiated, but are only a beginning in the treatment of Washington's alcoholics. Similar decisions are inevitable and will require the Medical Profession to take action. Whether the profession is ready to exercise its leadership role in the development of treatment facilities is discussed.

33. Guntern, G. Social changes and alcohol consumption in a mountain village. Schweizer Archiv fur Neurologie, Neurochirugia und Psychiatrie, 1975 Vol 116(2) 353-411

Reports on the 1st study of a longitudinal investigation of the economic and sociocultureal changes in a Swiss mountain village following the construction of a road in 1951 which transformed the community into an international tourist area, "invaded by mass modern tourism." Cultural lag and unsuccessful adaptations have been demonstrated, together with high anxiety, insecurity, and economic imbalances. One result of the pathological changes has been alcoholic consumption, although it is reported that fewer than 6% of the men and 0.3% of the women are designated as alcoholics. The study began 19 years after the onset of the social change associated with the "tourist invasion." The next study will be made in 1980.

34. Habitual drunken offenders. Lancet 1(702):745, 10 Apr 71.

No description available.

35. Hagnell, O.; Tunving, K. Prevalence and nature of alcoholism in a total population. Social Psychiatry 1972 Dec. Vol. 7(4) 190-201.

Conducted an epidemiological study of alcoholism using the entire population over the age of 20 years in Lundby, Sweden. Of the 950 males, 2% were chronic alcoholics, 3.4% alcohol addits, and 4.9% alcohol abusers. Only 1 woman was diagnosed as alcoholic. Of the 98 male alcoholics, 63% were not known to the Temperance Boards indicating a large proportion of "hidden" alcoholics. The sex differences found are considered in terms of cultural factors and the greater incidence of neuroses among women. It is noted that certain personality characteristics, psychopathy and psychosomatic diseases, and occupations associated with higher morbidity were variables found in both alcoholics and psychiatric patients.

36. Hoffmann, Helmut; Noem, Avis A. Sex differences in a state hospital population of alcoholics on admission and treatment variables. Psychological Reports. o975 Aug Vol. 37(1) 145-146.

Compared 2,077 males and 194 females admitted to an alcohol treatment unit of a state hospital over a three-year period. Female alcoholics showed a significantly higher percnetage than male alcoholics of 1st admissions (46% vs 36%), voluntary referral status (58% vs 48%), married status (55% vs 47%), younger age of 25-44 years (46% vs 33%), and high school education (68% vs 43%. Sex differences for treatment variables (e.g., completion of program, length of stay, and prognosis) were small. Significantly more females than males were referred to community mental health centers (17% vs 9%) and clergy (8% vs 4%) and less often referred to employers (9% vs 18%) and law enforcement agencies (0% vs 5%). The sex differences might reflect societal norms and circumstances.

37. Hoffman, Helmut; Wefring, Larry R. Sex and age differences in psychiatric symptoms of alcoholics. Psychological Reports 1972 Jun Vol. 30(3) 887-889.

Individually rated 376 male and 69 female chronic hospitalized alcoholics on the Brief Psychiatric Rating Scale. Counselors rated women higher than men on neurotic symptomatology. Ss of increasing ages were rated higher on scales indicating brain damage.

38. Hoffman, Helmut; Wojtowicz, E. H.; Anderson, Don E. Analysis of demographic variables characterizing hospitalized male alcoholics. Psychological Reports 1971, Aug. Vol. 29(1), 27-33.

Factor analyzed 37 demographic variables for 214 alcoholics hospitalized in 5 different treatment centers. Low correlations among variables represented by high loadings on the 12 factors extracted lead to the conclusion that the alcoholic population tested can be described as being clearly heterogeneous in respect to these demographic characteristics.

39. Hore, Brian; Smith, Eileen. Who goes to alcoholic units? British Journal of Addiction 1975 Sep. Vol 70(3) 263-370.

Obtained data on 269 male and 65 female inpatients attending 15 of the 17 alcoholic units in England and Wales. The mean age was 42 years +-12.1 (males) and 40.3 years +-9.7 (females). Results show that patients educated in grammar school were overrepresented compared with school dropouts in 1950. 84.3% of the patients were reared by one or more parents. In terms of social class (SC), there was an overrepresentation of SC I, II, and V in the patient sample as compared with 1961 census data. Data were compared with clients attending Information Centers in England, AA members in London, clients attending Alcoholism Treatment Centers in the US, and London Skid Row members. Patients attending alcoholism units closely resembled the former 3 groups and all 4 groups were sharply different from members of Skid Row. Although the units were homogeneous, some inter-unit differences in population were evident which would make comparisons of treatment very difficult.

40. Incarceration in hospital and jail facilities and utilization of life style, transient male alcoholic. International Journal of Social Psychiatry. 1974 Aut-Win, Vol. 20(3-4)242-250.

Followed a male alcoholic transient for 2 years during which he was incarcerated in 61 hospital and jail facilities at a cost of $11,543. The most costly incarcerations occurred at hospitals in large cities. An interview with the S revealed how he functionally utilized his transient life style. Considering the high cost of processing the alcoholic through the "revolving door", a new rehabilitation method is proposed-socialization, rather than resocialization. A final suggestion concerns the creation of "mini-societies" specifically designed to meet the needs of the population they serve.

41. Jansen, David G. Use of the Personal Orientation Inventory with state hospital alcoholics. Journal of Clinical Psychology. 1974 Jul Vol 30(3) 310-311.

Studied Personal Orientation Inventory (POI) profiles of state hospital alcoholic patients of both sexes. Ss emerged as significantly less self-actualized than men and women in the general population. Differences between the Ss and non-self-actualized adults and between male and female alcoholics were small and could be attributed to change. Comparison of 4 age groups of Ss on the basis of mean POI scale scores suggests that the POI is of limited and questionable value to discriminate among age groups of alcoholics. Overall, it appears that the POI is of value primarily as a rough screen of alcoholics from the general population, rather than as an instrument to differentiate among subgroups of alcoholics. Interpretation of individual POI subscales was questioned because of high interscale correlations and the few factors tapped by the POI scales.

42. Jansen, David G.; Hoffmann, Helmut. Demographic and MMPI characteristics of male and female state hospital alcoholic patients. Psychological Reports. 1973 Oct Vol. 33(2) 561-562.

Compared 975 male and 404 female state hospital alcoholic patients on demographic and MMPI characteristics. Men and women were basically similar with regard to age, educational level, intelligence, and abstract reasoning ability and showed a similar pattern of divergence from the general population on the MMPI scales.

43. Kal, E. F. Contradictions in the alcoholism criteria. Am J. Psychiatry 130(5):606, May 73.

No description available.

44. Khoury, N. J. When alcoholics stop drinking. Postgrad Med. 43(6):119-23, Jun 68.

No description available.

45. Koller, K. M.; Castanos, J. N. Family background and life situation in alcoholics. A comparative study of parental deprivation and other features in Australians. Arch Gen Psychiatry 21(5):602-10, Nov 69.

No description available.

46. Levitin, L. B.; Ezrielev, G. I.; Levitin, A. N. Concerning questions of the epidemiology and structure of alcoholic psychoses. Zhurnal Nevropatologii i Psikhiatrii 1971, Vol. 71(4), 583-588.

Investigated 134 cases of alcoholic psychosis (ac) at a Leningrad treatment center. Acute and protracted ac comprised 5.8% of the total treated hospital population. Ss were classified according to: delirium (55%), acute hallucinosis (20.9%), acute paranoia (.8%) and prolonged forms of psychosis (23.1%). Data indicate that (a) acute ac is more than 3 times as prevalent in the population as protracted ac; (b) the "exposition" period (from onset of alcoholism to the 1st signs of psychosis) is shorter in protracted cases, older cases, and women; (c) protracted cases tend to be characterized by extensive previous somatic and traumatic disturbances, whereas acute cased do not; (d) the onset of psychotic symptoms follows soon after a period of heavy drinking; (e) recidivism for acute ac is 20% (50% of these during the 1st year); (f) length of each hospitalization does not seem to increase with recidivism; and (g) symptoms often change with successive relapses, especially from delirium to acute hallucinosis. More adequate diagnostic approaches and longer observation periods are recommended to reduce recidivism.

47. Lief, Victor F. Is alcoholism just another addiction? Drug Forum 1974 Vol. 4(1) 1-2.

Notes that the estimated seven million alcoholics in the US differ in many ways from the drug addict in age, prior success, family relationships, types of crime, and methods of consumption, all of which makes for their treatment in different settings and methods. It is also noted that many important people in public life had had personal experiences with alcoholism which has had great influence on the politics and economics of the present attitude toward and treatment of alcoholism.

48. Litman, Gloria K. Stress, affect and craving in alcoholics: The single case as a research strategy. Quarterly Journal of Studies on Alcohol, 1974 Mar Vol. 35(1-A) 131-146.

Used the "intensive-design" model of research to evaluate the relationship between the craving for alcohol and ataraxic motivation (drinking to relieve unpleasant affect). The Personal Questionnaire was administered to a 28-year old man and a 31-year old woman, patients in a psychiatric hospital, with a primary diagnosis of alcohol addiction, and a list of their symptoms of affect and craving was compiled. Ss then rated the severity of each symptom before and after each of 8 and 10 group therapy sessions (a stressful situation) and 7 and 8 relaxation therapy sessions (a nonstressful situation). Symptom ratings after group therapy indicated greater anxiety and craving in the woman and no change in the man; after relaxation therapy, less anxiety and craving in both patients. Craving was related to anxiety in the woman and to somatic symptoms in the man. It is concluded that the nature of craving may be related to states other than affect, and that ataraxic motivation may be associated with specific affective states.

49. MacCoby, Michael. War between the sexes in a Mexican Rural Community. Revista de Psicoanailisis, Psiquiatriia Y Psicologiia, 1966 No. 4, 54-76.

Reports on part of a 5-year sociopsychological study initiated and directed by Erich Fromm of 850 village inhabitants. 420 peasants ages 16 and over were interviewed. A sociometric questionnaire obtained data on type of work, property, education, church attendance, and living standards of each S. A projective-type of questionnaire concerned the motivational structure of Ss in terms of their attitudes towards work, leisure, aspirations, love, relations with parents, husband or wife, children, and also covered likes, dislikes, and hypothetical situations. Results reveal a vicious cycle based on 2 factors which significantly influence the relationship between the sexes and the development of masculine and feminine personalities: (1) cultural factors-arising from the underlying clash between a basically patriarchal society and increasingly strong matriarchal tendencies (about 20% of families are matriarchal as result of abandonment by the huscand), and the women who attack, ridicule, and undermine the manliness of traditional-minded husbands (75% of the alcoholics are dominated by their wives); and (2) socioeconomic factors - due to the lack of land and the difficulties of the men to support their families and feel wanted in the home.

50. Maletzky, Barry M.; Klotter, James. Smoking and alcoholism. American Journal of Psychiatry 1974 Apr. Vol. 131(4) 445-557.

Interviewed 57 hospitalized alcoholics and 50 nonhospitalized control Ss to clarify the relationship between alcoholism and cigarette smoking. It was found that alcoholics smoked significantly more than nonalcoholics, even when only women Ss were considered. In addition, there was a high positive correlation between the amount alcoholics drank and the amount they smoked. However, when they were abstaining from alcohol consumption, alcoholic Ss did not necessarily smoke more. Implications of these finding both for treatment and for 2 theoretical models, oral "drive" and susceptibility, are discussed.

51. Marquis, Paul A.; Dallaire, Michel. Evaluation and treatment of the intoxicated patient. Vie Medicale au Canada Francais, 1972, Mar. Vol. 1(3) 293-298.

Describes the causes, symptoms, and treatment of (a) acute and chronic alcoholism, (b) adolescent intoxication with hallocinogens, and (c) narcotic addiction.

52. McGonegal, J. The role of sanction in drinking behavior. Quarterly Journal of Studies on Alcohol. 1972 Sept. Vol. 33(3-A) 692-697.

Studied parental attitudes and behavior about drinking and the sanctions about drinking held by S's religious denomination, as perceived by the S, in a group of 100 alcoholics (average age 39, 20 women) and in 50 member (average age 42, 12 women) of 2 local Jewish social groups. Among the alcoholics' parents, attitudes toward drinking and drinking behavior were significantly different ($p<.005$). The religious sanctions were not significantly related to drinking attitudes and behavior of parents. Among the Jews, however, religious sanction was strongly related to the parents' drinking attitudes and behavior ($p<.0005$), independent of the sex of the parent. It is suggested that the degree of difference in drinking attitudes and behavior between parents can make sanctions ineffective.

53. Mello, N. K.; Mendelson, J. H. A quantitative analysis of drinking patterns in alcoholics. Arch Gen Psychiatry 25(6): 527-39, Dec. 71.

No description available.

54. Medina, C.,; Eduardo; Marconi, Juan. Prevalence of types of drinkers among adult Mapuche Indian population of reservations in Cautin province. Acta Psiquiatrica y Psicologica de America Latina, 1970, Sep. Vol. 16(3), 273-285.

Employed an interview schedule to study the drinking habits of the adult population (145 Ss) of 5 Mapuche Indian reservations near Metronco, Almago, and Budi (in Chili). According to a previously tested definition, 9% of the Ss were teetotalers, 64.8% were moderate drinkers, 13.1% were excessive drinkers, and 13.1% were alcoholics. Of the men, 25.7% were excessive drinkers and the same proportion were alcoholics while only 1.3% of the women were included in the same categories. Male excessive drinkers distributed from 15-69 yr. of age, while alcoholics concentrated around 30 and 59 yr. of age. The findings differ from previous urban and rural field studies in Chile, alcoholics bei ng twice as frequent among Mapuche Indians.

55. Merry, J.; Marks, V.; A test for alcoholism? Lancet 2(611): 107-8, 12 Jul 69.

No description available.

56. Moore, Robert A. The prevalence of alcoholism in a community general hospital. American Journal of Psychiatry, 1971, Nov. Vol. 128(5), 638-639.

Employed the Michigan alcoholism screening test (mast), medical histories, and diagnoses to determine the percentage of alcoholics in a general hospital. Of 200 patients, 18% of the men and 5.5% of the women were diagnosed alcoholic; 3.5% of the rest were questionable. It is concluded that a simple screening test like the mast provides a more sensitive measure of alcoholism in a general hospital population than do medical work-ups and physicians' diagnoses.

57. Nobel, E. P.; Butte, J. C.; Kakihana, R. A test for alcoholism? Lancet 2(611):107, 12 Jul 69.

No description available.

58. O'Leary, M. R.; Donovan, D. M.; Chaney, E. F. The relationship of perceptual field orientation to measures of cognitive functioning and current adaptive abilities in alcoholics and nonalcoholics. J Nerv Ment Dis 165(4):275-82, Oct 77.

The present study investigated the invluence of perceptual field orientation, as measured by the Group Embedded Figures Test (GEFT), on cognitive functioning among alcoholics and nonalcoholics. The subjects were classified as field dependent, intermediate, or field independent based upon their GEFT scores. Cognitive function was assessed by the Wechsler-Belleview Intelligence Scale as well as the Category Test. Tactual Performance Test, and Trail Making Tests of the Halstead Reitan Neuropsychological Test Battery. Three primary findings emerged. First, the alcoholics appeared to be significantly impaired on measures of abstraction, problem solving, and adaptive abilities relative to nonalcoholics. Second, a direct relationship was found between GEFT scores and level of cognitive function within both alcoholic and nonalcoholic samples, with field-dependent subjects evidencing the most impaired performance. Third, the level of perceptual field orientation accounted for a large portion of the variance between the alcoholic and nonalcoholic samples, with field-independent alcoholics performing at a level comparable to or greater than other nonalcoholic subgroups on a number of the cognitive variables. These results provide validational support for the GEFT and indicate that field orientation may be a relevant variable in the assessment of cognitive function in both alcoholics and nonalcoholics.

59. Paredes, A.; Ludwig, K. D.; Hassenfeld, I. N.; Cornelison, F. S. Jr. A clinical study of alcoholics using audiovisual self-image feedback. J Nerv Ment Dis 148*4):449-56, Apr 69.

No description available.

60. Piron, Ernest. Assessment of the male alcoholic's response to women through the use of visual stimuli. Dissertation Abstracts International, 1975 Jul. Vol. 36(1-B) 454-455.

Attitudes toward women as measured by preferences for motherly vs sexual vs mature vs adolescent pictures of females, 35-55 yr old alcoholic vs schizophrenic vs normal males.

61. Pattison, E. Mansell; Coe, Ronald; Doerr, Hans O. Population variation among alcoholism treatment facilities. International Journal of the Addictions 1973, Vol. 8(2) 199-229.

Studied differences in population characteristics between patients at 4 alcoholism treatment centers: an aversion-conditioning hospital, an outpatient clinic, a half-way house, and a police work center. MMPI and MacAndrew Alcoholism scale scores and demographic data were obtained for each of the 111 patients. Using the concept of "social competence," the 4 populations demonstrated a continuum of competence, with the aversion-conditioning Ss having the highest level and the police work center, the lowest. A high degree of congruence between psychodynamic needs, defenses, and goals of each population and the respective facility was found. Results suggest that there may be predetermining factors which influence the selection of each facility by its client population. Specific differences between groups on the MMPI, and the philosophy of each facility are discussed.

62. Richmond, G. W. Letter: The American Alcoholic. JAMA 231(13): 1339, 31 Mar 75.

No description available.

63. Riech, T.; Robins, L. N.; Woodruff, R. A.; Taibleson, M.; Rich, C.; Cunningham, L. Computer-assisted derivation of a screening interview for alcoholism. Arch Gen Psychiatry, 32(7):847-52, Jul. 1975.

A short screening interview for the diagnosis of alcoholism has been developed with the assistance of the automatic interaction detector (AID) program (a multivariate sequential analysis strategy) that is part of the OSIRIS statistical package. Retrospective and prospective tests of the effectiveness of the interview have shown that it permits a diagnosis of alcoholism with less effort than a larger, more comprehensive research interview. The performance of the screening and research interviews have been compared to assess the effects of severity of illness and reliability of individual replies on the diagnoses made by each interview.

64. Rimmer, John; Pitts, F. N.; Reich, T.; Winokur, G. Alcoholism, II. Sex, Socio-Economic Status and Race in Two Hospitalized Samples. Quarterly Journal of Studies on Alcohol, 1971, 32, 4, Dec. Part A. 942-952.

Clinical and soc. data were collected on 112 alcoholics (36 women, 43 Negroes) admitted to a public hospital and 147 (67 women, 20 Negroes) to a private hospital in St. Louis, Mo. The X age of the .sigma. sample was 42. The onset of alcohol problems had occurred in 24% before age 20; in 44% before age 25; 85% were alcoholics by age 40. The public-hospital alcoholics reported earlier onset of alcohol problems than the private-hospital alcoholics and a younger age average at 1st drink (15 vs 18%); in fewer, this was their 1st hospitalization for alcoholism (29 vs 18%), and they had more such hospitalization for (3.8 vs 3.0); more were "bender" (79 vs 44% and morning drinkers (86 vs 63%); more had a history of delirium tremens (51 vs 19%), blackouts (79 vs 63%), alcoholic hallucinosis (40 vs 11%) and alcohol-related arrests (65 vs 27%); fewer were married (27 vs 53%) and had a primary diagnosis of alcoholism (60 vs 73%). The men alcoholics reported earlier onset of alcohol problems than the women and a younger age at 1st drink(15 vs 19); more were daily (87 vs 78%), morning (78 vs 64%) and bender drinkers (67 vs 47%); more had a history of delirium tremens (40 vs 21%+), blackouts (74 vs 62%+) and alcohol-related accidents (55 vs 21%); fewer had attempted suicide (26 vs 44%+). The Negroes were younger than the whites and reported earlier age at onset of alcohol problems; more were morning drinkers (89 vs 67%); more reported delirium tremens (54 vs 26%) and alcoholic hallucinosis (47 vs 16%). while fewer had evidence of liver damage (6 vs 20%). Negro women had more hospitalization than white women (4.2 vs. 2.9), Negro men (2.4 and white men (3.2), and more were bender drinkers than white women (62 vs 39%).

65. Rimmer, John; Pitts, F. N.; Reich, T.; Winokur, G. Alcoholism: II. Sex, socioeconomic status and race in two hospitalized samples. Quarterly Journal of Studies on Alcohol 1971 Dec. Vol. 32(4, Pt. A) 942-952.

Collected clinical and social data on alcoholics (103 women, 63 Negroes) admitted to a public and to a private hospital. The mean age of the total sample was 42. The onset of alcohol problems had occurred in 24% before age 20; in 44% before age 25; 85% were alcoholics by age 40. The public hospital Ss reported earlier onset of alcohol problems and a younger average age at 1st drink; more hospitalizations for alcoholism; more "bender" and morning drinking; and more delirium tremens, blackouts, alcoholic hallucinosis, and alcohol-related arrests. Males reported earlier onset of alcohol problems than females and a younger average age at 1st drink; more were daily, morning, and bender drinkers; more had a history of delirium tremens, blackouts, and alcohol-related arrests; and fewer had attempted suicide. The Negroes were younger than the Caucasians and reported earlier age at onset of alcohol problems. More Negroes were morning drinkers, and more reported delirium tremens and alcoholic hallucinsis, while fewer had evidence of liver damage. Negro women had more hospitalizations than Caucasian women, Negro men, and Caucasian men, and more were bender drinkers than Caucasian women.

66. Rosalki, S. B. Letter: Screening test for alcoholism. Lancet 2(833):843, 13 Oct 73.

No description available.

67. Rosenberg, Nathan; Goldberg, Irving, D.; Williams, George W. Alcoholism and Drunken Driving: Evidence from Psychiatric and Driver Registers. Quarterly Journal of Studies on Alcohol, 1972, 33, 4, Part A, Dec 1129-1142.

The Md Psychiatric Case Register (MPC); a record of nearly all Md residents who had received services in Md and District of Columbia psychiatric facilities (period used 1961-65), was matched against the National Driver Register (NDR), a record of persons whose driver licenses have been revoked, suspended, or withdrawn (period 1961-68); offenses other than drunken driving were ignored. Of 29,039 white M's aged 13 and over on the MPCR, 5,157 were psychiatrically diagnosed alcoholics, and of these, 11% were found to be probable matches (drunken drivers) on the NDR, in contrast with 1% of the nonalcoholic patients. Among the latter, the probable match rate was highest in those with nonalcoholic sociopathic personality disorders (2%) and psychoneurotic disorders (2%). The probable match rate on the NDR was 13% in alcoholics with a diagnosis of "alcoholism (addition)" and 7% in alcoholics with a diagnosis of "acute or chronic brain syndrome associated with alcohol intoxication." The alcoholism (addiction) match rate was 9% in Baltimore residents, 15% in nonresidents of Baltimore; 13% among inpatients, 9% among outpatients. The probable matches had a x age of 42, the nonmatches 47. The differences may, in part, reflect variations in driving exposure. It is estimated that about 7% of convicted white M's drunken drivers in Md are psychiatrically diagnosed alcoholics, a % similar to those reported in studies elsewhere.

68. Ruggels, W. Lee; Armor, David J.; Polich, J. Michael. A Follow-Up Study of Clients at Selected alcoholism treatment centers funded by NIAAA. NTIS Document Reproduction Service, PB-242 204/6SL, 1975.

A follow-up study is reported of over 2,000 persons with various alcohol-related disabilities who had contact with eight alcoholismtreatment centers (ATC's) for periods ranging from one day to 18 months. In addition to providing a detailed description of persons served by these ATC's, the report includes analyses showing that about 7% of such persons greatly reduced and generally maintained a reduction of alcohol consumption up to 18 months; that the six-months' assessment of male non-DWI clients gives a good indication of their alcohol behavior at stability, and that their behavioral impairment, social class, and social stability, are the best indicators of recovery. It was found that the degree of recidivism varies according to particular client group.

ALCOHOLICS AND THEIR FAMILIES

1. Ablon, Joan. Al-Anon Family groups: Impetus for learning and change through the presentation of alternatives. American Journal of Psychotherapy. 1974 Jan. Vol. 28 (1), 30-45.

   Describes Al-Anon family groups in a West Coast metropolitan area as they function as a fellowship for spouses, relatives, and friends of alcoholics. It is suggested that Al-Anon groups constitute a remarkable self-help, nonprofessional modality of group therapy and group education for mental health. The majority of Al-Anon members in the groups observed were white, middle-aged, middle-class women; more than 50% were Catholics. It was held that members would normally not be ready candidates for traditional group or individual psychotherapy. Attempts made to change attitudes and behavior included efforts at loving detachment from the alcoholic, re-establishment of self-esteem, and independence and reliance on a higher power. It is felt that sharing experiences and self-examination leading to new insights were most useful.

2. Alcoholism in industry and family. Lancet 2(579):1179, 30 Nov. 68.

   No description available.

3. An assessment of the needs of and resources for children of alcoholic parents. NTIS Document Reproduction Service, PB-241-119/7SL, 1974.

   The report assesses the needs of and resources for children of alcoholic parents, and recommends strategies based on the identification of service gaps. The number, characteristics, life experiences, feelings, coping mechanisms, and problem of children of alcoholic parents are discussed. Needs common to this group and factors which variably condition the impact of parental alcoholism on children are identified. A survey of actual and potential helping resources subsumes the nuculear and extended family, general community contracts, child and family agencies, alcoholism treatment programs, and specialized services for the children of alcoholic parents. Common characteristics of these helping resources are noted, as are the gaps between needs and resources and conditions which have created such gaps. Recommendations are provided for each potential resource system and for a national effort to address the current situation.

4. Anthony, M. Al-Anon. JAMA 238(10):1062-3, 5 Sep 77.

   No description available.

5. Bailey, Margaret B. Alcoholism and Marriage. A Review of Re-Search and Professional Literature. Quart. J. Stud. Alcohol, 1961, 22, 1, Mar. 81-97.

   No description available.

6. Bailey, Margaret B. Outcomes of Alconolic Marriages: Endurance, Termination or Recovery. Quart. J. Stud. Alcoh., 1962, 23, 4 Dec. 610-623.

No description available.

7. Blane, H. T.; Barry, H. Sex of siblings of male alcoholics. Arch Gen Psychiatry 32(11):1403-5, Nov 75.

Research conducted with general population samples has demonstrated the importance of sex of siblings in the formation of sex-role identification and in the development of sex-role conflict. Information on early family structure was collected from 207 white male alcoholic inpatients. Among those reared in intact families with at least two older siblings, 65 had a second-older brother. This difference cannot be explained by variation in family size, differential sex ratios in birth rates,or greater availability of women in the sibships of the alcoholics. It is consistent with a model that postulates that alcoholism in men may express dependence conflict associated with sex-role identify problems.

8. Bowen, Murray. Alcoholism as viewed through family ststems theory and family psychotherapy. Annals of the New York Academy of Sciences, 1974 Apr. Vol 233, 115-122.

Outlines the principles of family systems theory, in which alcoholism is conceptualized as a symptom of the larger family or social unit. Ways in which family or systems theory can be used to alleviate these problems are cited. Systems theory assumes that all important people in the family unit play a part in the way family members function in relation to each other and in the way the symptom finally erupts. The family is a system in that a change in the functioning of 1 family member is automatically followed by a compensatory change in another family member. The person who later becomes an alcoholic is often one who handles the emotional attachment to his parents and expecially to his mother, by denial of the attachment. This conceptualization leads to the following modes of treatment: diminish the anxiety in the nondrinking family members that reinforces the drinking member's behavior; diminish the overfunctioning among family members so that the underfunctioning person will be forced to change; define the emotional interdependence of the family from the start. Thus, family systems therapy provides a variety of ways to modify patterns of family relationship.

9. Burton, Genevieve; Kaplan, Howard M. Group Counseling in Conflicted Marriages where Alcoholism is Present: Clients' Evaluation of Effectiveness. Journal of Marriage and The Family, 1968, 30, 1, Feb. 74-79.

No description available.

10. Burton, Genevieve; Kaplan, Howard M. Sexual Behavior and Adjustment of Married Alcoholics. Quarterly Journal of Studies on Alcohol, 1968, 29, 3 Sept. 603-609

No description available.

11. Chalfant, H. Paul. The Alcoholic in Magazines for Women. Sociological Focus, 1973, 6, 4, Fall, 19-26.

Many current studies have attempted to apply the so-called labeling Sch approach to mental illness, and to such related conditions as alcoholism and drug misuse. One set of studies, those of T. Scheff, has carried the matter a step further and proposed that mental illness be seen as a soc role. The rights and obligations of incumbents of this role are learned among other ways, through the popular media, and persons made incumbents of such a role are constrained by both positive and negative sanctions to remain in that role and "behave" according to its expectations. Such a proposition is of particular interest in the consideration of alcoholism and the situation of the alcoholic. While it has long been known that the spouses of alcoholics played an important part in the course of the condition, this part has not been well-understood. If, as Scheff suggests, the learned popular role expectations are important in the development and stabilization of the mentally ill, it is important for an understanding of alcoholism to know more of the role expectations the alcoholics' wives have learned. This study assumes that to some extent these role expectations are learned through "popular" women's magazines. 5 such magazines were selected as representative issues for the past 5 years and were examined for articles, both fiction and non-fiction, which dealt with or mentioned the alcoholic or alcoholism. 2 general questions guided the analysis of these articles: (1) Is the alcoholic seen as a person with a sickness or as a person who is "immoral" or criminal? (2) What role behavior is suggested for the wife of the alcoholic?

12. Cohen, Pauline. How to help the alcoholic. Public Affairs Pamphlet, 1970, Aug. No. 452, 24p

No description available.

13. Corenblum, B.; Fischer, Donald G. Some correlates of Al-Anon group membership. Journal of Studies on Alcohol, 1975 May, Vol 36(5), 675-677.

A questionnaire administered to 16 women in an Alcoholics Anonymous (AA) family group to examine their views of the family situation in which there is an alcoholic husband. Results show that the husband's association with AA was positively related to their wives' judgment of 3 variables: ability as a father, marital happiness, and problem severity.

14. Cseh-Szombathy, Laszlo. The Internalization of Deviant Behaviour Patterns during Socialization in the Family. Sociological Review Monograph, 1972, 17 Feb. 207-216.

A report on the Hungarian Demographic Res. Instit's study of alcoholism in 1968-69 which attempted to inquire into the role of orientational factors. The field of observation was narrowed down to men aged 30-49, and with 200 persons selected from this group, interviews were carried out, 3 projective tests were also administered: the PFT, the Luscher, and a partial TAT test. Taking into consideration that the sample consisted only of men from whom alcoholic consumption had been a token of manliness in their childhood, it was assumed that re the learning of the norms of alcohol consumption the behavior of fathers was important. Therefore the alcoholic consumption of fathers was condisered as one of the indicators of family norms. 10.5% of the fathers were excessive drinkers and 19% alcoholics. 40% drank regularly but moderately. Therefore the alcoholism of the father is not a condition of alcoholic development. The internalization of norms rejecting excessive drinking does not prevent someone from becoming an alcoholic. Alcoholism cannot be explained alone by the family's drinking culture, although this factor does play an important role and increases the probability of alcoholic development. Findings show that the sons of alcoholics get acquainted with alcohol earlier and more often under the influence of the family. The findings lend support to the theory which attaches importance to family traditions, to the early internalization of deviant norms in the family re the development of alcoholism. However, deviant traditions cannot be regarded as necessary conditions for alcoholic development.

15. Edwards, Patricia; Harvey, Cheryl; Whitehead, Paul C. Wives of Alcoholics: A critical review and analysis. Quarterly Journal of Studies on Alcohol, 1973 Mar Vaol. 34(1, Pt.A) 112-132.

Presents a review of the literature on personality structure and characteristics of wives of alcoholics. Findings do not support the decompensation hypothesis or the classic clinical description of the wives of alcoholics as aggressive, domineering women. J. K. Jackson's 1954 theory that the wives' personalities would fluctuate in accordance with their husbands' involvement with alcohol has, however, received support. The most recent theory-the psychosocial-therefore incorporates a stress component (from Jackson) but not a decompensation one. Wives of alcoholics appear to be women who have essentially normal personalities of different types. They may suffer personality dysfunction and react to their situations with changes in coping methods and roles within the family when their husbands are drinking to excess; but if their husbands become abstinent, they will experience progressively less dysfunction. Thus, they seem much like other women with marital problems.

16. El-Guebaly, N.; Offord, D. R. The offspring of alcoholics: a critical review. Am J Psychiatry 134(4):357-65, Apr 77.

In their review of the literature on the effects of parental alcoholism on the offspring of alcoholics, the authors focus on sample collection, criteria used for the diagnosis of parental alcoholism, and definitions of "emotional disturbances". Studies are grouped according to age of offspring; within each age group, the various approaches to the issue are described. The authors suggest a need for more carefully controlled studies using blind data collection and clear operational definitions. In addition, the "risk" status of offspring of alcoholics should be compared to that of children whose parents have other types of serious psychiatric disturbance. Although the literature has focused on the "casualties", the authors note that much could be learned from studies of the "successes" -- those children who do not seem to be at increased risk for pychosocial illness despite the alcoholism of their parents.

17. Estes, Nada J. Counseling the wife of an alcoholic spouse. American Journal of Nursing, 1974 Jul Vol 74(7) 1251-1255.

Describes helpful approaches to counseling women with alcoholic husbands. The major goals of such counseling are to improve the wife's responses to the husband and to break the vicious cycle that exists. Problems faced by families with alcoholic members in dealing with day-to-day living are discussed. The unpredictability of the alcoholic is especially upsetting to family members who attempt to respond to him. In the early phase of counseling, the wife is often bewildered and fearful and has many misgivings about herself. In the middle phase she becomes goal-oriented and explores, with the therapist, the within-family coping bebavior that is often destructive. The final phase of this approach occurs with an increase in the wife's self-esteem and confidence in dealing with the situation. In addition, gains occur in the wife's reaction to the husband which can facilitate a break in the alcoholic cycle.

18. Estes, Nada J.; Hanson, Kathye J. Sobriety: Problems, challenges and solutions. American Journal of Psychotherapy, 1976 Apr. Vol 30(2), 256-266.

Conducted group therapy with 10 white middle class 31-60 year old wives whose alcoholic husbands had recently become sober. Analysis of process recordings from group sessions led to the derivation of 5 major problem areas including (a) reinstatement of the husband into family roles. (b) difficulties surrounding communication, (c) affective responses of the wife, (d) disruptive traits and behaviors of the husband, and (e) handling situations involving alcohol or alcohol related problems. In the group therapy, didactic, experiential, and role modeling approaches were utilized, with major emphasis on the promotion of congruent communication. A summary technique, incorporating all 3 approaches, was developed and implemented as a joint presentation by both therapists.

19. Foley, Vincent D. Alcoholism: A family system approach. Journal of Family Counseling, 1976 Fal Vol 4(2) 12-18.

Suggests that one approach to the problem of alcohol is to see it less as that of an individual and more as the interaction of a given family system. The case of an alcoholic family is presented and examined from a variety of viewpoints. It is suggested that the problem might best be viewed from a system point of view and best treated by interventions following structural theory. This would involve 3 stages: (a) a redefinition of the presenting problem as that of the system and not just that of an individual in the system; (b) a careful avoidance of the therapist getting caught in the family interactional system; and (c) a testing of the new system to see if it could function effectively in the absence of the therapist. The case material illustrates the major points of structural family therapy: first, a perception of the basic patterning of the family system; second, seeing the symptoms as positive, i.e., as playing a role in the maintenance of the system; third, moving the system by changing its paremeters so that it no longer needs symptomatic behavior in order to function.

20. Gade, Eldon M.; Goodman, Ronald E. Vocational preferences of daughters of alcoholics. Vocational Guidance Quarterly, 1975 Sep Vol 24(1), 41-47.

Studied the vocational preferences of daughters of alcoholics in terms of Roe's theory, which suggests that individuals suffering parental neglect and rejection made career choices which are not person-oriented. 25 undergratuate daughters of alcoholics (DAs) and 30 randomly selected undergraduate women (RSs) took Holland's Vocational Preference Inventory (VPI). National VPI norm comparisons and tests showed that (a) as expected, DAs scored higher on the intellectual and lower on the status scales than RSs; (b) expected DA-RS differences on the realistic, social, enterprising, and control scales failed to appear; (c) as expected, DAs' realistic and intellectual percentile scores were their highest; (d) unexpectedly, DAs' overall scores were not lower or less differentiated than those of the RSs; and (e) as expected, DAs appeared less similar to national norms than RSs. Counseling approaches suitable for DAs are suggested.

21. Goodwin, D. W.; Schulsinger, F.; Hermansen, L.; Guze, S. B.; Winokur, G. Alcohol problems in adoptees raised apart from alcoholic biological parents. Arch Gen Psychiatry, 28(2):238-43, Feb. 73.

No description available.

22. Goodwin, D. W.; Schulsinger, F.; Knop, J.; Mednick, S.; Guze, S. B. Alcoholism and depression in adopted-out daughters of alcoholics. Arch Gen Psychiatry, 34 (7):751-5, Jul 77.

Forty-nine daughters of alcoholics were compared to 47 daughters of nonalcoholics; both groups of women (average age, 35 years) had been adopted by nonrelatives in early life. Two women in each group were alcoholic or problem drinkers. Although this is above the expected rate of alcoholism among women, the numbers are too small to draw definite conclusions. Almost all were light drinkers. Daughters of alcoholics had no more depression than controls, indicating that alcoholism in the biological parents did not increase the risk of depression in daughters raised by foster parents. Environmental factors may be important in both alcoholism and depression in women, since both tended to be correlated with psychopathology in the foster parents.

23. Goodwin, D. W.; Schulsinger, F.; Knop, J.; Mednick, S.; Guze, S.G. Psychopathology in adopted and nonadopted daughter of alcoholics. Arch Gen Psychiatry, 34(9):1005-9, Sept 77.

This report completes a series of studies conducted in Denmark comparing drinking patterns and psychopathology in adopted and nonadopted children of alcoholics. Sons of alcoholics had higher rates of alcoholism than controls, whether raised by their alcoholic parents or by foster parents. They did not have mor psychopathology otherwise. Daughters of alcoholics, adopted and nonadopted, had a higher rate of alcoholism than was the expected frequency in the general population, but do did controls in the adopted group; neither group had higher rates of other psychopathology, eg, depression. However, daughters of alcoholics raised by their biological parents had significantly more depression.

24. Goodwin, D. W.; Schulsinger, F.; Moller, N.; Hermansen, L.; Winokur, G.; Guze, S. B. Drinking problems in adopted and nonadopted sons of alcoholics. Arch Gen Psychiatry 31(2):164-9, Aug 74.

No description available.

25. Gorad, Stephen, L. Communicational Styles and Interaction of Alcoholics and Their Wives. Family Process, 1971, 10, 4, Dec. 475-490.

This study applied the interpersonal-interactional approach to the relationship of the alcoholic and his wife. 3 hyp's investigated were: (1) The alcoholic uses a style of COMM characterized by responsibility-avoidance, when interacting with his wife. (2) The wife of the alcoholic uses a more direct, responsibility-accepting style of COMM than her husband, when interacting with them. (3) The interaction between an alcoholic and his wife is marked by (a) an inability to function as a unit for mutual benefit, and (b) rigidity of complementarity &/or escalation of symmetry. By rigidity of complementarity is meant an interaction pattern where one spouse is consistently dominant over the other. By escalation of symmetry is meant an interaction pattern where both husband and wife are competing for dominance. The hyp's were tested by having 20 couples with an alcoholic husband and 20 normal couples play an interactin "game". The game provided a paradigm of a natural interaction situation, where different types of messages could be sent in different ways. Analyses deomonstrated that both the alcoholic and his wife used competitive messages more than the normals and cooperative messages less than the normals. In this sense the alcoholic and his wife were very similar in style. They were both competing to be "one-up" on each other, the alcoholic in his responsibility-avoiding manner, his wife in her direct manner. However, neither the alcoholic nor his wife can be identified as successfully dominating the other. Alcoholic couples used escalation of symmetry as their major pattern. Complementarity with the husband dominant was next in frequency followed by mutually beneficial interactions and complementary interactions with the wife dominant. This is in contrast to normal couples who used mutually beneficial interaction most, followed by symmetrical interaction, complementarity with the husband dominant, and complementary with the wife dominant. Analysis of trends over the duration of the game showed that alcoholic couples changed very little, whereas normal couples increased their mutual cooperativeness.

26. Gorad, Stephen L. The alcoholic and his wife: Their peraonal styles of communication and interaction. Dissertation Abstracts International, 1971, Oct. Vol. 32(4-B), 2395-2396.

No description Available.

27. Haberman, Paul W. Some Characteristics of Alcoholic Marriages Differentiated by Level of Deviance. Journal Marriage, Family, 1965, 27, 1 Feb. 34-36.

No description available.

28. Hyman, Merton M. Extended Family Ties Among Alcoholics: A Neglected Area of Reaearch. Quarterly Journal of Studies on Alcohol, 1972, 33, 2 Jun. 513-516.

The clinic files of 68 M's, aged 30-34, who were patients of the alcoholism treatment center of the Roosevelt Hospital (NJ) during a single year in the late 1950's were examined. 50% of the patients who were not living with a spouse were found to be living with kin, mostly parents or siblings. Further analysis reveals that at least 50% of the unmarried patients living with kin would have been destitute without the help of their families and that at least 50% of the unmarried patients not living with family bordered on destitution. It is suggested that researchers broaden their definition of family as kin ties to parents and members of the extended family may provide as much emotional support as ties to mates and children.

29. Israel, L.; Couadau, A.; Ritter, M. Apropos of Wives of Alcoholics. Anales Meidico-Psychologiques 1966, 2(5), 685.

Analysis of a series of interviews with 15 wives of alcoholics reveals that the severe criticism directed against their "failure" husbands serves to fill the emptiness of earlier disappointments. The insufficiency of the "substituted object" suggests the fundamental complaint of a hysterical person.

30. Jackson, Joan K.; Kogan, Kate L. The search for solutions: help-seeking patterns of families of active and inactive alcoholics. Quarterly J. Stud. Alcohol., 1963, 24, 3, Sep, 449-472.

No description available.

31. James, Jane E.; Goldman, Morton. Behavior Trends of Wives of Alcoholics. U. of Missouri, Kansas City, Quarterly Journal of Studies on Alcohol, 1971, 32, 2 Jun. 373-381.

The wives of 85 alcoholics completed a questionnaire about the consequences of their husbands' drinking, about the ways they had coped with it and about its effects during their husbands' (1) social drinking, (2) excessive drinking, (3) alcoholismic drinking, and (4) abstinent stages. The x age of the wives was 42, the husbands' 44; duration of marriage 19 years; number of children 3.5. Occup's of the husbands included 63% blue-collar, 27% white-collare and 10% higher. The x age of the alcoholics at beginning of social drinking was 17.8 years, excessive drinking, 28.5, alcoholism, 35.8. Of the wives, 22% had fathers, 4% mothers and 19% siblings who were alcoholics; of the husbands, 40, 6 and 40%, respectively. Over 70% of the marriages preceded the beginning of excessive drinking. Coping behavior was categorized as withdrawal within marriage, protection, attack, safeguarding family interests, and acting out. The consequences of the husbands drinking and the wives' coping behavior changed over the husbands' 4 drinking stages. The most frequently used style of coping was withdrawal in marriage; about 50% used it even when the husband was abstinent or drinking socially. Acting out was least used. Wives whose husbands became violent and aggressive more often responded by attacking or withdrawing; wives married for over10 years or more often withdrew; and wives whose husbands' parents (but not own parents) had extreme attitudes toward drinking (eg, were alcoholics or abstainers) more often safeguarded family interests. Although few of the marriages were actually broken up, the wife's threat to leave was the most effective measure in modifying the husband's alcoholism. The results appear to lend support to J. K. Jackson's theory of changing family adjustments in the different stages of the husband's alcoholism.

32. Kearney, Thomas R.; Taylor, Clarence. Emotionally disturbed adolescents with alcoholic parents. Acta Paedopsychiatrica 1969, 36(6-7), 215-221.

20 adolescents, average age 15, were seen for 1-4 yr. All had 1 alcoholic parent; 3 families had 2. Severe disorder was found in 15 Ss, evidenced by drunkenness, promiscuity, and drug taking, 2 were overt homosexuals, 8 were arrested, 1 boy killed 2 persons, 8 were hospitalized, and 4 attempted suicide. Adolescents from nonalcoholic homes showed significantly less disturbance. Some parents were treated with good results. Parental alcoholism seems extremely destructive, but it is treatable, therefore important to detect when children show behavior problems.

33. Kogan, Kate L.; Jackson, Joan K. Patterns of atypical perceptions of self and spouse in wives of alcoholics. Quart. J. Stud. Alcohol, 1964, 25, 3 Sep. 555-557.

No description available.

34. Kogan, Kate L.; Jackson, Joan K. Role perceptions in wives of alcoholics and of nonalcoholics. Quarterly J. Stud. Alcohol, 1963, 24, 4, Dec. 627-639.

No description available.

35. Lee, Richard H. Conflict, efficience, flexibility, and concealment in families of alcoholics. Dissertation Abstracts International 1975, Feb. Vol 35(8-B) 4184.

No description available.

36. Lemert, Edwin M. The occurence and sequence of events in the adjustment of families to alcoholism. Quarterly J. Stud. Alcohol, 1960, 21, 4, Dec. 679-697.

No description available.

37. Meeks, Donald E.; Kelly, Colleen. Family therapy with the families of recovering alcoholics. Quarterly Journal of Studies on Alcohol, 1970, Jun, Vol. 31(2-A, 399-413.

Conducted a clinical investigation over a 1-yr period employing a sample of 5 families in the Day Treatment Unit of the Ontario Alcoholism and Drug Addiction Research Foundation. The Unit offered an intensive 7-week program of individual and group psychotherapy for alcoholic patients, followed by an afrercare program. In general, all the families involved showed evidence of improved relating, healthier communication, and increased mutual support. 2 of the men were able to remain abstinent during the entire course of the family therapy, the other 2 men and a woman patient showed substantial improvement. It is concluded that family therapy can help the alcoholic by assisting the entire family to openly confront and deal with their problem.

38. Nash, Ethel M.; Essner, Lucie J.; Abse, D. Wilfred. Marriage Counseling in Medical Practice. Chapel Hill, NC, U. of North Carolina Press, 1964, XVI & 368, pp.

    No description available.

39. Orford, Jim. Alcoholism and marriage: The argument against specialism. Journal of Studies on Alcohol, 1975 Nov. Vol 36(11) 1537-1563

    A review of the literature on alcoholism and marriage reveals that most studies have focused on alcoholism to the exclusion of other factors involved in family disruption. Methodological weaknesses and simplistic theories and concepts in most of the research are noted.

40. Pattison, E. Mansell; Courlas, Peter G.; Patti, Rind; Mullen, Dee. Diagnostic-Therapeutic intake groups for wives of alcoholics. Quarterly J. Stud. Alcohol, 1965, 26, 4, Dec, 605-616.

    No description available.

41. Sassoon, H. F.; Wise, J. B.; Watson, J. J. Alcoholism and colour-vision: Are there familial links? Lancet 2(668):367-8 15 Aug 70.

    No description available.

42. Schuckit, M. A.; Goodwin, D.A.; Winokur, G. A study of alcoholism in half siblings. Am J. Psychiatry 128(9):1132-6, Mar 72.

    No description available.

43. Seifert, M. H. JR. Treating alcoholism, a family disease. Am. Fam Physician 8(4):150-3, Oct. 73.

    No description available.

44. Smith, Colin M. Measuring some effects of mental illness on the home. Canadian Psychiatric Association Journal 1969, 14(2), 97-104.

    Investigated the effectiveness of a psychiatric home-care program in relieving problems of relatives. 40 controls and 52 experimental Ss suffering from psychosis (70%), severe psychoneuroses (18%) character disorders, and alcoholism were employed. Experimental Ss and their families were intensely followed-up by mental health professionals making frequent home visits. A 26-item scale of home problems was used by the researcher who interviewed close relatives and friends of Ss concerning the home situation prior to referral and 3 mo. after S had left the hospital. Results show that informants of home-care Ss had a more striking diminution of complaints than those of control Ss. It is concluded that home care was effective to a considerable extent in relieving though not eliminating their problems. The need for research to determine optimum patterns of after-care for different kinds of psychiatric patients is stressed.

45. Stevens, Donald M. Some adjustment characteristics of the adolescent children of alcoholic parents. Dissertation Abstracts 1968, 29(1-A), 156.

No description available.

46. Student, V.; Matova, A. Development of psychic disorders in wives of alcoholics. Ceskoslovenska Psychiatrie, 1969, 65(1), 23-29.

40 wives of hospitalized alcoholics were examined. 35 complained of mental disturbances developed during marriage, 17 had protracted anxiety-depressive neurosis, 8 reactive depression, 6 neurasthenic syndrome, and 4 repeating depressive reactions. Psychosomatic diseases were also frequent. The intensity of the disturbance was about proportional to the degree of the husband's behavior defects in the family and sexual life. 75% of the women were maltreated by their husbands, 40% had aversion to sexual intercourse, and 65% were immature, dependent, and suffered inferiority complexes originating in their own family conditions. 12 Ss were divorced, and 7 were pregnant before their marriage which contributed to their choice of husband and ambivalent attitudes.

47. Tarter, Ralph E. Personality of wives of alcoholics. Journal of Clinical Psychology, 1976 Jul. Vol. 32(3) 741-743.

Administered the MMPI and the California Psychological Inventory (CPI) to 38 women (mean age, 43.1 yrs.) whose husbands were participants in an inpatient treatment program for alcoholism. Data from the MMPIs completed by all 38 SS and from the CPIs completed by 23 Ss indicate that wives of alcoholics are not impaired psychologically and they do not exhibit any distinct personality characteristics.

48. Thomas, David A. A study of selected factors on successfully and unsuccessfully treated alcoholic women. Dissertation Abstracts International, 1971, Spe. Vol 32(3-B), 1862-1863.

No description available.

49. U. S. Congress. House. Holt to provide emphasis within National Institute on Alcohol Abuse and Alcoholism for families of alcohol abusers and alcoholics. 7738-660. 95th Congress, 1st Sess. 1977.

No description available.

50. U. S. Congress. Senate. Bayh re the Other Victims of Alcoholism organization, a counseling group for persons whose lives are affected by alcoholism of others. 7600-73. 94th Congress, 2nd Sess., 1976.

    No description available.

51. U. S. Congress. Senate. Notice of Field Hearing by SC/Human Resources on the impact of alcoholism on the family. 7721-128. 95th Congress, 1st Sess. 1977.

    No description available.

52. Weiner, S.; Tamerin, J. S.; Steinglass, P.; Mendleson, J. H. Familial patterns in chronic alcoholism: A study of a father and son during experimental intoxication. Am J. Psychiatry 127(12):1646-51, Jun 71.

    No description available.

53. Welsh, Birgitta Q. Alcoholic women and wives of alcoholics: A personality and social class analysis. Humboldt Journal of Social Relations. 1975 Spr-Sum Vol 2(2), 50-56.

    No description available.

54. Windkur, George; Clayton, Paula J. Family history studies - Comparison of Male and Female Alcoholics. Quarterly Journal of Studies on Alcohol, 1968, 29, 4, Dec. 885-892.

    No description available.

55. Wiseman, Jacqueline P. An alternative role for the wife of an alcoholic in Finland. Toxicomanies 1975 Jul-Sep. Vol 8(3), 179-194.

    Describes the self-reported lives of 75 women married to alcoholics. While all wives attempted to help their husbands, eventually 40% isolated themselves from their marriage, adopting an independent working and social existence. If the husband of such a wife attempted to stop drinking after this separation occurred, his wife might be placed under severe stress by the choice she faced.

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INDUSTRY

1. Adee, A. W. Health-Insurance Must Help to Rehabilitate the Alcoholic . Best's Review H/L V76 N1, Apr. 1975, P 18

   With a growing sense of social-responsibility and recognization of the need for comprehensive treatment, rehabilitation and financing of health problems, commercial insurance carriers are now beginning to write group policies so they include medical expense and disability benefit payments for as a disease. Making disability benefit payments conditioned on participation in and continuation of a rehabilitation program can present a tangible inducement for treatment of the disease. These days few commercial health-insurance carriers deny their contract benefits for hospital confinement on the grounds that alcoholism is not a disease. Effective June 1, 1974, Educators Mutual Life automatically added a special alcoholism benefit to all employer group medical policies with no additional premium charge. This coverage includes expenses in a treatment center. Rehabilitation must be an accepted claim principle and for health insurance clients, alcoholism is just a disease.

2. Aiken, Eric. The High Cost of Employee Alcoholism. New York Business VI N5 Sept./Oct. 1975, P. 27-31.

   Alcoholism is levying a high but avoidable tax on the local business community. All told, the tab for absenteeism, lower productivity, higher turnover, industrial accidents and related losses may run as high at $1 billion a year, calculates the New York City Affiliate of the National Council on Alcoholism. Since it is a sickness that is curable if detected and treated in time, alcoholism's toll could be reduces appreciably. It ranks among the nation's most serious pathological threats, but the U. S. Department of HEalth, Education and Welfare considers it the country's most neglected disease. Fortunately, business appears to be reappraising its position. Though not to the extent deemed necessary by concerned organizations. Well run alcoholism programs in offices and factories boast recovery rates up to 80 percent. Rehabilitated drinkers are productive and reliable. Exhibits.

3. Alcoholism Control Outlined at BPAI. Employee Benefit Plan Review V32 N2, Aug. 1977, P. 78-79.

   Edgar Marchesini, an employee advisory services manager, told the Benefit Plan Administratiors' Institute that many companies are unaware of the adverse effect alcoholism has on their insurance coverage. A substantial cost is incurred by industry whether alcoholism treatment is covered or excluded in the group insurance contract. Problem drinkers are absent 2 and 1/2 times as many days as non-alcoholics. They cost 3 times as much in sickness payments, and their overall accident rate is 3.6 times that of the matched control group. Since alcoholism is one of the most common causes of work failure. The Reynolds Metal Co. has a program designed to:

1. Motivate employees with personal behavior problems to seek help; 2. Refer them for proper treatment; 3. Restore productivity, and 4. Retain valuable employees.

4. Alcoholism in Industry - A Program for Control. Employee Benefit Plan Review V32 N1, July 1977, P 76-78

The average cost for each alcoholic employee is at least $3,000. But these costs are not easily discernable. The costs are generally hidden in categories such as absenteeism, material spoilage, poor judgment, decreased productivity, and hospital and medical claims. Corporate alcoholism programs are virtually non-existent. A new methodology was needed and has been developed for efficient industrial alcoholism treatment, focusing on monitoring job performance When an employee's performance falls below a certain level, he is given the choice of seeking assistance in determining the cause or accepting disciplinary action. Vital to the success of this program is the cooperation of labor and management.

5. A New Approach to Treating Alcoholism. Business Week N2397. Sept. 8, 1975, P. 83-84

The National Institute of Alcohol Abuse and Alcoholism is experimenting with a new method of treatment for alcoholics. The approach is a profit-making center in which the alcoholic is treated with a specific, prescribed method. Centers under contract with the federal government are being started in different parts of the country. The profit aspect of the center has stimulated management and marketing skills and has kept employees on a more permanent basis. Centers are hoping to enlist the support of the employer, who is obviously affected by his employee's job-performance, to include this treatment in employee health-insurance coverage. The six-month treatment consists of two parts, admitting the problem and solving the problem. The first stage, which lasts for six weeks, subjects the patient to films and discussions which prod him into admitting his problem. During the second stage, the patient and therapist dig into the deep-rooted causes of the problem and possible solutions.

6. Azzarone, Stephanie, 1976 Fringe-Benefit Costs Increase 4-14 Percent for Chains. Supermarketing V31 N7, July 1976 P1, 30-31, 38.

The current increases in fringe-benefit costs of 4-14 percent are due to inflated insurance premiums, expanded coverage, and greater employee use of available programs. Such benefits are presently accounting for 25-35 percent of total payroll costs. Such factors as legislation, union contracts, company policy, and competition have caused existing benefit plans to be reevaluated which, in turn, has resulted in broadened dollar coverage and the addition of new fringe categories such as dental-insurance. Pension-plans and hospitalization hospitalization are most often cited as cutting large chunks out of payroll funds. Specific examples are cited including: 1. FICA taxes are the heaviest cost at Hinky Dinky Stores, followed by vacations, pension plans, and union health and welfare programs. 2. A Western chain has added a dental plan and disability coverage for alcoholism and mental illness.

7. Bannon, Sharleen. Alcoholism - A Union-Management Issue. Labour Gazette V75 N7, July 1975 P.419-423.

The high cost of alcoholism in work days lost and in safety hazards has caused many North American industries and unions to join together to support alcoholism rehabilitation programs. This is a good place to start helping the problem drinker because he is most likely to seek help if his job is threatened. In the U. S. 300 major employers and many unions have alcohol rehabilitation programs with success rates ranging from 50-90 percent. Allis-Chalmers has had such a program for 25 years and has saved the company $80,000 daily by cutting alcoholism absenteeism from 8 to 3 percent. Before participating, many unions want a clause in collective aggrements that a joint union-employer committee determine who the problem drinkers are and that they not be fired if they join the rehabilitation program. For alcohol related-problems, workers must seek help from outside facilities.

8. Bluestone, Irving. A Changing View of the Union Management Relationship - Scientific Management vs. Human Development. Vital Speeches V43 N4, Dec. 1, 1976 P122-124

Applied to life at the workplace, the democratic ideal of human development assumes added meaning in helping the individual to achieve a greater sense of identity and to exert some control over forces that affect his life. The purpose of the union organizer is to alter the human condition of the worker, since the fact today is that management still regulates the worker's life substantially. Experiments are underway here and in Europe to alter the deadly routine of the work process. The idea of human development is being coupled with a humanistic definition of productivity, and management is becoming more willing to engage in demonstration projects that depart from the precepts of scientific management. Opportunities are becoming brighter for workers to become more than robots and increasingly to become co-partners in the business decision making process. This is evidenced by such activities as company programs to cure employee alcoholism and the formation of safety committees.

9. Booth, Alan. Housing Relocation and Family Social Integration Patterns. Journal of American Institute of Planners V40 N2, Mar. 1974, P124-128.

This study is concerned with the effect of relocating blue-collar families in higher-status neighborhoods. Interview data from recently mobile blue-collar families in a midwestern area show that when blue-collar families move into higher-status neighborhoods, family relations are strained and traditional blue-collar friendship patterns intensified - points which have implications for agencies involved in relocating segments of the urban poor. Family stress is a factor that should be considered in weighing the costs of residential relocation programs which move families into high-status areas. Is the increased anxiety and tension the families will experience equal to the gains which might be realized from moving them. If prolonged stress contributes to mental illness, alcoholism, or physical illness, as some researchers would suggest, the cost to the community may exceed that of relocation alone.

10. Bower, Catherine D. Alcoholism - Industry's $9 Billion Headache. The Personnel Administrator V20 N1, Jan. 1975, P32-35.

Many companies realize they can't afford not to have a program that works in combating alcohol and are instituting programs based on the broad brush or troubled employee approach. The object is to avoid the problems experienced in supervisory diagnostic alcoholism programs while successfully identifying people who need help and referring them to a definite program of care. Almost half the time the problem is not alcoholism. Whatever the cause, the employee gets whatever care he needs -- everyone is offered help, and the stigma of the alcoholism is avoided. One reason for the success is the universality -- everyone within the company is under it. Also, the family of the troubled employee is involved, using a team approach. There is an increasing tendency for medical carriers to view alcoholism as a disease and to pay for treatment. Ways to encourage third party reimbursement include state laws, working through employers, and going directly to the insurance companies.

11. Business' Multibillion-Dollar Hangover. Nation's Business V62 N5, May 1974, P66.

American business suffers from a $15-billion annual hangover due to alcoholism, says Edward L. Johnson of the Firestone Tire and Rubber Co., but there are things it can do to ease the pain. Mr. Johnson, an alcoholism victim himself, administers a program that focuses on early identification and treatment of those of his company's 55,000 U. S. employees who are numbered among the estimated nine-million American alcoholics. Developing alcoholism is anything but hidden, he says, noting that there are such persistent signs as tardiness, absenteeism and sub-par work. As the employee progresses into the middle state the signs include disappearance from the work post, physical evidence such as red or bleary eyes, sharp mood changes after lunch and/or unusual personality changes such as a sudden increase in loud talking. Mr. Johnson says experience has shown the most important aspect of successful recovery from alcoholism is motivation to accept treatment, rather than the treatment itself. He warns against the sheltering supervisor.

12. Carson, John H. Helping Industry Get Rid of Its Hangover. Industry Week V190 N4, Aug 16, 1976, P44-49

The G. E. Lamp division's employee counseling services operation program, spearheaded by ad executive and former alcoholic Marty King, can be a model for any company program to help rehabilitate employees that are alcoholics and drug users. The cost of alcoholism to G. E. is estimated to be $2 million per year. Other companies are incurring similar losses, not to mention the human suffering involved. Doctors at the division's medical facilities and supervisors who notice work deterioration help locate alcoholics and drug addicts. Next, King confronts them and gets them to admit that they are alcoholics - the first step toward rehabilitation. The employee then is referred to Alcoholics Anonymous or to a hospital, depending on the severity of the case. The program's success rate is 75 percent and this is expected to improve further as King establishes AA contact men in each plant.

13. Clapp, Wallace L., Jr. Professional-Liability Coverage Offered for Social Services Agencies. Roubh Notes V119 N7, July 1976, p 18, 48.

A new program has been developed and is emerging as the fulfillment of a specific need for malpractice or professional liability coverage for social service agencies. The new program is being offered by the Northeastern Fire Insurance Co. of Pennsylvania. The policy is specifically designed to cover such social service agencies as: 1. Drug and Alcoholism rehabilitation clinics; 2. State or federal social service referral agencies; 3. Community service agencies; 4. Social service agencies involved with individual and family therapy, domestic counseling and group therapy; 5. Child guidance clinics, and 6. Agencies relating to retarded, autistic, and psychotic children. The policy covers only professional liability exposures of the agency or individuals employed by the agency while performing duties required by the insured. Premises liability exposures are not covered under the policy, nor are institutions providing overnight facilities for patients.

14. Confessions of an Alcoholic Executive, Duns Vol 99 No 6, June 72, p 73-49.

A man who has been there tells how it happened. Starting when he was a young salesman when noon-time drinking was the thing to do, his drinking habits increased as his job responsibilities increased. At the time he felt it made no difference how much he drank as long as he was doing his job. He found alcoholism leads you to delude yourself into believing that somehow you are doing great, it inflates your ego and ultimately allows you to escape from any feelings of responsibility. Following his collapse on the street with convulsions the executive outlines his road back, praising Alcoholics Anonymous as the greatest force for good that has ever happened.

15. Curran, W. J. Drug Addiction and Aclohol Abuse Under Workmen's Compensation. N Engl. J Med. 285 (10):559, 2 Sep 71.

No description available.

16. Experts on AlcoholismLike Senate Bill. Employee Benefit Plan Review V32 N1 July 1977 P14-16. 76

Several experts on occupational alcoholism programs told a senate subcommittee that federal financial assistance to initiate programs of treatment and prevention would be desirable but indicated that the leading such bill in congress would be more effective if it provided for a massive public-relations and advertising effort on the need for such programs. In the bill, the availability of federal funds would be contigent, among other things, on the availability of non-federal sources to pay at least half of the costs. The occupational program, by focusing on the job, very often removes the last line of defense of the alcoholic. But occupational alcoholism programs have been given low priority. Funding is a secondary issue, the primary one being the need for better public relations. Costs are such that with the proper emphasis being placed on such programs, most companies would accept full responsibility. The legislation has also been criticized for lack of focus on scope.

17. Feeley, DR. Never on Wednesday. JAMA 233(1):33, 7 Jul 75

No description available.

18. Follmann, J. F., Jr. Alcoholism and Disability Income Protection. Clu Jrnl V29 N3, July 1975, P59-62

In the treatment and control of alcoholism, which is costly to America's industry in lost production, faulty decisions, personnel turnover, absenteeism, and medical costs, disability-income insurance plays a role of importance. It encourages the alcoholic, or the incipient alcoholic, to undergo treatment by significantly replacing his lost income, so long as he continues treatment. Since 60 percent to 80 percent of employed alcoholics have been shown to respond favorably to treatment, the approach taken by the insurance companies benefits the employer, fellow employees, and certainly the individual and his family. As to how much it costs for disability income protection to cover disability resulting from alcoholism, no one knows. The insurance companies do not maintain separate data for alcoholic claims, nor is it possible for them to do so. The prevailing hesitance to make a diagnosis of alcoholism is the principal reason of no present data.

19. Follmann, Joseph F., Jr. An Interview with Alcoholism on the Job. Association Mgmt. V28 N11 Nov. 1976 P. 42-44.

Alcoholism on the job is a growing problem in the U. S., and is considered to be the most serious detriment to business productivity today. According to the best estimates, the problem drinker costs business and industry more than $12.5 billion a year. Alcoholism is always found at the height of an individual's productive years. In the 35-55 age bracket, and among employees who, on the average, have worked for the same employer from 14-20 years. If you drink to any extent, you should quietly look over your own shoulder, especially, you should be careful of undiluted drinks, of gulping drinks, of drinking when you have decisions to make or work to do or are faced with difficult situations -- using alcohol as a crutch. If such things are observed, make every effort to change the pattern. If you cannot, turn to the alcohol control program of Alcoholics Anonymous. If the problem is an employee, don't fire him. Talk with him with understanding.

20. Follmann, J. F., Jr. The Role of Insurers in Alcoholism Control. Best's Review V75 N9, Jan., 1975, P10-12, 66-70

Insurance companies can play a significant role in bringing alcoholism under control by providing health-insurance coverages for treatment, providing disability-insurance for loss of income during treatment, and by establishing alcoholism-control programs for their own employees and families. Other possibilities might be encouraging insured groups to establish alcoholism control programs and engaging in public-education efforts to alert the public at large to the seriousness of the disease. There is increasing support for health-insurance coverages including treatment in licensed specialized alcoholic-treatment centers because such treatment is considerably lower in cost than at a general hospital. One problem is determining which centers have sufficient qualifications. An alcohol control program for employees should have top-management support, formal company policy in writing, and a guarantee of complete confidentiality of all records.

21. Gamlin, Joanne. Contributory Payment Demand Could bring a Strike by Machinists. Business Insurance V10 N23, Nov. 15, 1976, P.4

The International Association of Machinists (IAM) has indicated that it will regard as grounds for a strike any demand by corporate management to return to a contributory basis for payment of employee-benefits. Noting that in 1976 employee benefits amounted to 35 percent of total payroll hours, the IAM feels that ballooning health-care costs are forcing workers to exert more pressure on their unions for higher employee benefit coverage. Employee/management battles over benefits will be fiercest in: 1. Medical-care and attendant cists; 2. Alcoholism; 3. Higher pension benefits; 4. Higher benefits to retired persons, and 5. ESOP's. In the opinion of IAM, firms that turn to ESOP's do so as a means of replacing the traditional retirement program. Also, clearing the major hurdles in controlling health care costs is primarily the responsibility of the medical establishment.

22. Geisel, Jerry. AT&T Revamps Pregnancy Benefits. Business Insurance, V11 N17, Aug. 22, 1977, P4.

The new 3-year contract between AT&T and its 3 big unions is highlighted by major boosts in medical and dental benefits and a completely revamped pregnancy disability program. The new $3.3 billion pact will boost AT&T's health-insurance costs 4.2 percent. For the first time, AT&T, largest private employer in the nation, has agreed to treat pregnancy like any other disability, and sick leave benefits will be extended for up to 6 weeks after delivery. Further, if a woman is unable to work due to pregnancy-related complications, she will receive disability benefits until she can return to work. In addition, all Bell System companies will provide coverage for treatment of alcoholism and chemotherapy treatments. Other highlights of the plan are described including a pension increase of 28 percent by the end of the contract and a pay protection plan for demoted employees.

23. Glatt, M. M. Alcoholism and Industrial Absenteeism. Br Med J 4(738):804, 26 Dec 70.

No description available.

24. Glatt, M. M. Alcoholism In Industry and Family. Lancet 1(587): 203, 25 Jan 69.

No description available.

25. Gottheimer, Debra. A Manager's Training Film Festival. Administrative Mgmt V38 N7, July 1977 P24-27, 84.

The major advantages of film and videotape for training programs are dramatic impact, inhouse capability, permanence, and consistency. Many companies offer a variety of subjects. The American Management Association offers a series of multimedia in-house courses that parallel the business seminars that they offer out of house. National Educational Media, Inc., Salenger Educational Media, Creative Media, BNA Communications Inc., CRM-MC Graw Hill Films, Advanced Systems, Inc., Mohr Development Inc., and others offer films covering such subjects as leadership, motivation, management theory, transactional analysis, personal ethics, and behavior modeling. Special interest films covering such subjects as career opportunities for women, alcoholism, violence, prejudice, etc., are also available.

26. Habbe, Stephen. Controlling the Alcohol Problem - Not by Management Alone. Conference Board Record, V10 N4, Apr 73, P31-33.

It is the authors position that the adversary relation which characterizes certain labor-management dealings has no place in working with alcoholic employees. Rather, the focus of a cooperative alcoholism program should be on the well-being of the individual. Further, the union should be involved in the program from the beginning and throughout all phases of its operation. It is important for employees to understand that the program has the full and active support both of labor and of management. Further, while both labor and management have vital roles in an alcoholism program, it is not necessary that the roles be of equal importance.

27. Hallowell, R. E. Curbing Employee Alcoholism Via the Hospital/Medical Benefit Plan. Newspaper Controller. V29 N1, Oct. 1975, P2.

The Seattle Times realized that employee alcoholism is a serious problem and, in 1970, decided to place more emphasis on a solution. Since their hospital/medical coverage included the treatment of alcoholism and since a new law extended the treatment from hospitals to other state approved facilities, the paper decided to review facilities, methods, and general approach to treatment of the alcoholic. A seminar was held to review findings and the new general policy was announced which included: 1. The concern of the paper is limited to the effects of alcoholism on the job and not on the employee's private life. 2. Employees who are diagnosed as alcoholics and seek assistance can be treated at any hospital or private facility recognized by the state and the company as effective. Employees volunteer for treatment after being referred by supervisors for counseling. The paper is reaching those in the mid rather than the late stages of alcoholism.

28. Harvester and Caterpillar Settle Contracts with UAW. Employee Benefit Plan Review, V31 N8, Feb. 1977, P8-9.

At International Harvester the pension benefits were increased from a range of $9.25 to $10.00 a month per year of service to a range of $12.25 to $13.00, effective October 1, 1976. On January 1, 1978, the range will increase to $12.75-$13.50. On January 1, 1979, the range will increase to $15.25-$16.00, and those people who retired between October 1, 1976, and January 1, 1979, will have their pension benefits raised to this level. The basic pension benefit in the Caterpillar Tractor contract was also increased from $10.00 to $13.50 a month per year of service, effective October 1, 1976, to $14 effective October 1, 1977, and to $16 effective Oct. 1, 1978. On Jan. 1, 1977, both companies extended their dental care plans to retirees and their dependents. Caterpillar instituted a new alcoholism and drug abuse program that covers 45 treatment days per confinement in a residential facility.

29. Herbert, H. R. Alcoholism - The Supervisor's Role in Rehabilitation. Supervisory Management, V20 N12, Dec. 1975, P7-14.

Many alcoholism rehabilitation programs have not succeeded because of the reluctance of first line supervisors to participate in programs that do not coincide with their personal beliefs about alcoholism. They must be committed to the firm's program even if it differs from their beliefs. A script is presented involving a spokesman who is explaining the firm's policy on alcoholism to a group of supervisors. Some of their objections which are answered are: 1. There are more important things to do than snoop around trying to find alcoholics. 2. It is hard to accept alcoholism as a disease. 3. The alcoholic should see his own doctor. Among the steps that should be taken when a supervisor feels alcohol is interfering with an individual's job are: 1. Discuss suspicions with the immediate supervisor. 2. Meet with the person involved and try to discuss the problem. 3. If the informal approach fails, make an appointment for the person with the company doctor.

30. Hershey, Robert. Identifying the Functioning Disturbed Executive. Personnel Jrnl. V53 N5, May 1974. P349-352, 337.

How do you identify the functioning disturbed executive for managements concerned about identifying good executive material and improving the performance of present managers. This is a serious question. Appraisal by peer ratings among managers may become politicized. Ratings by subordinates offer a sounder approach, but as such ratings are turned in to company personnel, their confidentiality is suspect. The best approach lies in contracting for the services of an outside professional -- a consulting psychologist, or an attorney, or a management consultant. Management cannot be expected to have the depth of understanding concerning deviant behavior that the clinical psychologist does. Members of top-managements, like most laymen, have their own stereotype images of what constitutes crazy behavior. They can understand the need for an alcoholism program because they can see, or have seen, the results of alcoholism. However, they need help in identifying and confronting more subtle forms of aberration within their organizations.

31. How Far Will Health Care Insurance Go. Industry Week, V178 N8, Aug 20, 73, P22-27.

Employee health insurance has become one of the most volatile issues managers face today. When health care costs began skyrocketing several years ago, unions began demanding and winning improved health care packages. Vision and dental programs are gaining in popularity which provide for visits to participating/approved doctors or payments to individual doctors. Long-term disability is another growing coverage which isn't expensive. Catastrophe coverage is gaining in popularity, with many health care advances, in coverage. The insurance industry is also broadening benefits under existing plans. There is an expansion of mental health care provisions. Alcoholism is another area where benefits are expanding. It is felt that self-insurance would reduce costs for less than 1% of their customers. It won't be long before companies accept employee auto insurance as group coverage.

32. How to spot and Treat Alcoholism. Business Week N2332, May 25, 1974. P127-130.

Fortunately, there are a variety of approaches that, singly or in combination, have achieved some success in treating an alcoholic. Alcoholics Anonymous, probably the best known one, is a highly structured lay organization operated by alcoholics who no longer drink. One of AA's fundamental tenets is that no alcoholic is ever cured, he stops drinking and remains rigidly a nondrinker. AA's basic technique is a weekly group meeting has strong echoes of fundamentalist religion. The testifier admits he is an alcoholic, recounts his humiliations and concedes that he can no longer cope with the problem on his own. The drug antabuse produces a chemical aversion to liquor, causing violent nausea and shock. Antabuse is widely considered an effective stopgap for a drinker in crisis. It gives him time to seek a more permanent solution.

33. Kaden, Stanley. Compassion or Cover Up - The Alcoholic Employee. Personnel Jrnl. V56 N7, July 1977, P356-358.

Statistics abound as to the effects of alcoholism on job performance. Employers are finding that alcoholism and employee assistance programs set up within the company can reduce the losses due to alcoholism considerably. More than 1000 firms, covering several million employees, have adopted alcohol recovery policies. Most industrial programs start with a resounding declaration by top management, through the entire network of corporate communications, that alcoholism is a disease. They stress that the problem drinker who seeks help will not jeopardize his job, in patient treatment will be paid through medical insurance coverage, and any actions will be guaranteed confidentiality. Supervisors must be trained to be alert to evidence of deteriorating job performance. The employee should be warned, finally confronted, and then referred to an assistance administrator.

34. Kane, Kevin W. The Corporate-Responsibility in the Area of Alcoholism. Personnel Jrnl. V54 N7, July 1975, P380-384.

Approximately 8 percent of the American work-force are alcoholics. It is the duty of society to provide funds for proper medical facilities for the mentally ill. It is also mutually the responsibility of the corporation to assist or even lead the community in finding the solution to mutually destructive problems. Both society and the corporation have an obligation in terms of human decency and long-term profit interests to find and implement a solution to the problem of the alcoholic worker. Perhaps the only tool available to society for creating a solution to alcoholism is 'constructive coercion.' Industry is the sector most capable of effecting this. The leverage is that of providing a livelihood. Since the alcoholic's work performance suffers, supervision has the right and responsibility to enter his life. Too, the economic loss of alcoholism is primarily in business and industry.

35. Karp, Robert E. Corporate Social-Responsibility. Training and Development Jrnl. V30 N11, Nov. 1976, P10-15.

Many self-enlightened modern corporations and organizations are developing employee assistance programs. Through such corporate social-responsibility actions, organizations are saving billions of dollars. The savings in terms of humanistic results for both the employee and his family are nearly impossible to measure in any quantitative way. Voluntary action is essential for this type of program. Experience has shown that a workable and productive alcoholism control program should have certain elements -- full and active support of top-management, full and participating support of employees and unions where these are involved, and applicability to employees at all levels. There should be a formal establishment of a company policy in writing, continuing communication with employees through instruction, orientation, films, etc., and training of and written guidance for supervisory personnel. There should be a referral approach and complete confidentiality.

36. Kenyon, W. H. The Alcoholic at Work. Personnel Management, V6 N7, July 1974, P33-36

Early detection of the alcoholic employee can lead to total recovery yet personnel people are often collectively responsible for covering up or ignoring the symptoms. Estimates have concluded that between 3 to 5 percent of the workforce in America and England are alcoholics. The writer suggests following the lead and work that has already been done in America concerning the problem. However the author believes that the first line supervisor has too great a burden placed on him in the American method of handling the alcoholic. He suggests the supervisor, after having been made aware of the signs and symptoms which would tend to indicate alcoholism, then take the employee to task on job-performance only. If there is no improvement the problem then becomes one of discipline. The case is then referred to the personnel department which works with the medical department in pointing the individual to treatment.

37. Ketchum, Bradford W., Jr. 'Rehab' Hits Home. New Englander V22 N6, Oct. 1975, P30-31.

Though they are mentally retarded or physically handicapped, they are 'clients', not patients. And they want jobs, not charity. They are the 192 trainees at Lawrence General Hospital's vocation workshop, part of a four-unit rehabilitation center that includes alcoholism, child day care, and speech-hearing departments. While LGH's Human Services Division is changing the traditional image of the hospital as a 'place that serves only sick patients', the vocational workshop within its 'rehab' operation is battling resistance to handicapped workers and misunderstanding of sheltered employment. As examples of client productivity are cited subcontract work for industry including names like 3M, Honeywell, Sylvania, and Western Electric. The client-trainees perform various tasks ranging from circuit board repair, cable-forming, and wire harness assembly to collating and packaging mechanical components.

38. Lynch, Philip F. Q & A on Alcoholism. Supervisory Management, V18 N11, Nov. 1973, P8-15.

Most people have taken a drink at one time or another, but many have not become alcoholics. Where is the dividing line. You owe it to your subordinates to find out the answer and learn as much as you can about the problem of alcoholism so that you will be able to deal with it when it shows up on your staff -- or perhaps even prevent it. This article contains a series of questions about alcohol and alcoholism answered by P. F. Lynch, Ph.D. He reveals such facts as there are 6.5 million employees in American business and industry who are alcoholics. Alcoholism is a serious threat to a worker's ability to produce. It is a depressant and among its negative effects are a slower reaction time, warped judgement, loss of inhibitions, poor vision, and clumsy muscular actions. How does someone become an alcoholic. The author discusses his path from being a social drinker, to a habitual drinker to an alcoholic. The immediate supervisor should offer help. In many cases, the firm and clear warning of the possible loss of his job will start the worker on the road to sobriety.

39. MacBeth, J., Wiegan, D. J. Alcoholism - A Rehabilitation Program that Works. Supervisory Management V20 N12, Dec. 1975, P2-6.

One in 10 Employees is an alcoholic, and they have absentee rates 2½ times higher than non alcoholics and cost a firm an average of $2500 per year individually. Top-management is the hardest group to convince that an alcoholism program is necessary. Among the guidelines for cussess in any alcoholism program are: 1. It should have the backing of top-management and of union representatives. 2. Job-performance should be the only criteria for referral to the program. 3. It should be funded completely by the company. 4. Full cooperation of supervisors is necessary. Words such as alcoholism, alcoholic, etc., should be avoided and the program should be housed in some neutral location. It should welcome employees who come on their own initiative as well as those referred by supervisors. Most large companies will have recovered alcoholics on the payroll who can be of great help to the program. An evaluation of progress should be made frequently.

40. Malinowski, Frank A. Employee Drug-Abuse in Municipal Government. Public Personnel Management, V4 N1, Jan-Feb 1975, P59-62.

A seventeen item mail survey questionnaire mailed to personnel directors of the 50 largest U. S. cities showed that drug abuse is a problem of modest concern among municipal agencies for employment applicants as well as present employees. 59 percent of the respondents used some form of preemployment screening to detect drug abusers. Medical physical examination was the screening techique most often used. 69 percent of the left the disciplinary decisions for detected employee drug abusers to the department in which the drug abuser was employed. One third of the respondents had some kind of drug abuse educational training program, with emphasis on the dangers of drug abuse. 66 percent regarded drug abuse as less serious than alcoholism, but 56 percent identified the drug abuser as a problem employee. Tables.

41. Martin, Jack D. Medical Problem that's Becoming a Legal Headache. Medical Economics V52 N5, March 3, 1975, P186-192.

The uniform Alcoholism and Intoxication Treatment Act decriminalizes drunkenness and defines it as a disabling illness. Drunk people will increasingly be brought into health-care facilities instead of being heaved into the drunk tank at the local jail. The law requires a licensed physician to examine the patient, make a diagnoses, and assume responsibility for follow-up care. Rather than issuing orders to wait until the patient sobers up, the physician has an obligation to check over and treat the patient 'as soon as possible'. Since drunks can rarely give a satisfactory history, the chances of an incorrect diagnosis of others medical problems are greater, which increases the doctor's chances of being hit with negligence claims. Health-insurance contracts in states where the uniform act is in effect must now include coverage for alcoholism. However, many alcoholics may not hold insurance.

42. Norris, J. L. Alcoholism in Industry. Arch Environ Health 17(3): 436-45, Sep 68.

No description available.

43. Pace, Nicholas A. Alcohol - Killer at Work. The Journal of Insurance, V36 N5, Sept.-Oct. 1975, P20-21.

Alcoholism and alcohol misuse cost the nation $25.37 Billion a year with the largest part coming from lost production - $9.35 Billion. Causes making up this figure are absenteeism, lost time on the job, loss of efficiency, faulty decision-making, rehabilitation costs and accidents. The alcoholic is three times as likely to have an industrial accident as is the non-alcoholic, a 1971 report showed. In a 10 year report by the Illinois Bell Telephone Co. on a company program to combat employee alcoholism, the record for on-duty accidents dropped dramatically. More studies like this would begin to support the assumption that the misuse of alcohol is directly related to industrial accidents. General Motors Safety Conference at the GM Pontiac plant reported that the average number of days absent per year by the alcoholic as 93. By taking part in local alcoholism programs and looking for alcohol-related accidents GM hopes to cut down alcohol-related accidents.

44. Parker, Philip H. Washington States Employee Alcoholism Program. Public Personnel Management, V2 N3 M/J 73, P212-215.

The training goals and objectives of Washington's Alcoholism Program are closely tied with those of the training division of the State Department of Personnel and to the supervisory training plans of the various agencies which it serves. In addition, the training division carries on a basic supervisory certification program which includes corrective action techniques and alcohol case histories of the problem employee. Once the problem has been identified, it is a simple matter for the supervisor to contact the alcoholism program staff in the Department of Personnel for assistance in evaluating the degree of the illness, and in arranging for appropriate treatment. This type of program has resulted in recovery for 60 to 80 percent of the alcoholic employees in private industry.

45. Ralston, August. Life-Insurance Company Employee Alcoholism Management Programs. Clu Journal, V29 N2, Apr 1975, P45-55

A survey of the 50 largest life-insurance companies was made to determine the extent to which employee alcoholism is a problem and the existence of employee alcoholism management programs. Results indicated that large life insurers are leaders among companies in the attempt to rehabilitate alcoholic employees and will aid companies who are considering the development of formal employee alcoholism management programs. Of the 50 life insurance companies surveyed, 34 responded and 15 of these have formal programs. The foundation of each program is the development of a practical set of criteria which a supervisor can use to identify an alcoholic employee. Programs are designed to use the companies' medical services personnel for diagnosis and the development of a plan for rehabilitation which is consistent with the condition of the employee. These programs are used to make an alcoholic employee a valuable employee. Charts.

46. Ralston, August. Employee Alcoholism - Response of the Largest Industrials. Personnel Administrator, V22 N6, August 1977, P50-56.

Thirty-five of the 50 largest industrials ranked by asset size in 'Fortune' Magazine responded to a recent survey on employee alcoholism. The number of alcoholics is hard to determine, but the National Council on Alcoholism places its annual cost to the industry at $10 Billion in absenteeism, accidents, productivity and materials losses, and medical payments. The inability of individual companies to measure the cost of employee alcoholism appears to be a significant barrier to initiating programs to combat the problem. Twenty-five of the companies responding indicated that they have some type of alcoholic employee rehabilitation program. Such programs are an integral part of the personnel administration structure and apply to all employees. Half of the programs were established in the last 7 years. The initial response to an alcoholic employee should not be termination, but rather, supervisory management. Tables.

47. Ray, James S. Drug Abuse in Business, Part of a Larger Problem. Personnel, Vol 49 No5, Sep/Oct 72, P15-21.

This author's company and others that are leaders in the field believe that drug abuse should be regarded and treated as only one aspect of employees behavioral-medical concerns, which also include alcoholism and mental disturbances, as well as physical ailments. A troubled people concept is outlined which is applicable in any company, regardless of size. Excerpts from policy statements, procedural statements and supervisory orientation are presented which illustrate different programs and can serve as guidelines for a company considering adoption of a loss-control program. The audited savings appear to be in excess of ten dollars for each dollar.

48. Rehabilitation Programs Seen Cutting in Half $25 Billion A Year in Alcohol-Related Accidents. Insurance Magazine, V76 N9, Aug. 1975, P15-16.

An intensive, on-the-job rehabilitative program has succeeded in cutting alcohol-related job accidents 80 percent over 10 years. The most costly misuse of alcohol is the loss of production it causes. Alcoholic absenteeism, decreased efficiency, faulty decisions and accidents cost $9.3 Billion a year. An experimental program is now being conducted in Philadelphia to rehabilitate drunk drives. Drunk drivers are given safe driving courses, are interviewed by psychologists and counseled by Alcoholics Anonymous. They are enrolled in group therapy sessions. Capable volunteers must be recruited for all of these rehabilitative programs so it is particularly important that people see what alcoholism is costing them. Influential community organizations must also be mobilized to help.

49. Roberts, Katheryn McIntyre. Good Alcoholism Plan Can Cut Losses by 15 Percent Annually - Expert. Business Insurance, V11 N10, May 16, 1977, P34.

Alcoholic workers cost American Corporations at least $15 Billion annually in absenteeism, poor judgment, decreased productivity, accidents, disguised hospital and medical claims, and other seemingly related losses. A company can expect at least 6 percent of its employees will be suffering from some stage of alcoholism, and each one is costing the firm an average of $3,000 annually. Companies are neglecting the consequences of alcoholism because it is still considered a self inflicted moral problem rather than the recognized disease that it is. The way to deal with the problem is for management to get tough - develop a policy under which alcoholism is treated as a disease and the alcoholic is referred to professionals for treatment, says Ross A. Von Wiegand, Director of Labor Management Services for the National Council on Alcoholism. When a supervisor observes deteriorating job performance, a sign of early alcoholism, he should discuss the employee's work and suggest that help is available.

50. Roman, P. M., Trice, H. M. The Development of Deviant Drinking Behavior. Occupational Risk Factors. Arch Environ Health 20(3):424-35, Mar 70.

No description available.

51. Schramm, Carl J., Defillippi, Robert J. Characteristics of Successful Alcoholism Treatment Programs for American Workers. British Jnl. of Addictions, V70 N3, P271-275, 1975.

Based on the findings of 24 previous studies, component characteristics of successful industrial alcoholism treatment programs are identified. The review takes into account methodological problems involved in comparing reports of treatment outcomes. These problems include differences in measurement criteria from study to study, as well as differences in treatment populations. The coercive nature of company referrals for treatment --ie. Coercive in that non-cooperation is associated with a threat to job security -- is a common factor in company alcoholism programs. Confrontation tactics -- the manner in which a company intermediary informs an employee of the unsatisfactory nature of his work behavior and the requirement for corrective action -- is a second important characteristic of industrial alcoholism treatment programs. Established coercive and confrontation tactics on the part of management appear to be necessary for successful identification and referral of problem drinkers in industrial programs. It is concluded that company identification and referral procedures may play a greater part in rehabilitation than do components of the treatment situation. In some companies, informal groups led by former alcoholics are important in provinding mutual support such as that offered by Alcoholics Anonymous and professionally led group therapy.

52. Schramm, C. J. Measuring the Return on Program Costs: Evaluation of a Multi-Employer Alcoholism Treatment Program. Am. J. Public Health 67(1):50-1, Jan 77.

No Description available.

53. Seyler, Raymond Q. Alcoholism Under the Group Health Contract - Cost Reduction or Cost Increase. Best's Review, V74 N7, Nov 1973, P20, 22, 24.

Most insurers have included a rider under group health coverage excluding alcoholism or diseases and conditions due to alcohol. This has been predicated upon the assumption that such coverage would provide a marked cost increase. However, there is no sound statistical evidence of why alcoholics should not be included under the insurable umbrella. An attempt should be made to measure whether alcoholism produces cost increases or reduction of group health coverage. Once valid statistical evidence is compiled, it is the contention of the author that alcoholism can be included in group health coverage with major reductions in costs for all other health coverages, changing legal, social, and environmental conditions will most likely make this concept mandatory on the part of insurers in their future health coverage.

54. Sinclair, Sonja. Alcoholism is Industry's Business. Canadian Business, V55 N11, Nov 72, P11-12.

If you employ 100 people, chances are at least 2 and possible 6 are alcoholics. They are probably male and apt to be middle-aged. But whoever they are and whatever they do, they are functioning way below their capacity, endangering their fellow workers or your equipment while slowly killing themselves. Depending on his qualifications and experience, the cost of employing a problem drinker is between 1,300-4,000 dollars per head. Their absenteeism is very high and they have more than twice the average number of occupational accidents. Industry might well re-examine its social spending priorities with a view to funding research into some of the mysteries surrounding alcoholism. If charges that some work environments contribute to the alcoholic problem can be substantiated, corrective measures could be taken.

55. Smedley, D. Black Lung, Veterans and Alcoholism. Publishers' Auxiliary, V110 N12, June 25, 1975, P22.

Journalists in newspapers around the country are earning their salt for being more than just an entertainment medium. They are writing about problems that may be disturbing to the reader, but ignoring such problems only weakens the press and the nation. Three such stories are quoted - 1. Don Stillman wrote recently in the United Mine Workers' Journal a story about a coal miner disabled with black lung, illustrating the urgehcy of the miner's needs and the necessity of federal aid for such victims. 2. NITA Hilliard of the Watauga, N.C. Democrat wrote of her conversations with an alcoholism counselor who admitted that after working four years in the field still does not know everything he needs to know about alcoholics. 3. Connie Greenwell of Today's Sunbeam in Salem, N.J., wrote a story about a 23 year old veteran who just recently got his first VA check in over 5 months. The eternal red tape of federal bureaucracy was thus again illustrated.

56. Smejda, Hellena. How One Hospital Sells its Expertise to Industry. Hospital Financial Management, V31 N10, October 1977, P8-10, 12.

Grant Hospital in Chicago has been formally selling its expertise in setting up employee assistance programs for 2½ years, after several years of advising corporations through the alcoholism program free of charge. Instead of intervening directly in the employee's personal problem, supervisors in companies with employee assistance programs are taught to identify elegible employees, document their job-performance, confront them, and refer them to a trained employee assistance counselor. The counselor, in turn, refers the employee to an appropriate resource, such as personal or family counseling, medical treatment, or alcohol or drug addiction treatment. They are selling the program for 2 reasons - to keep grant visible in the field of alcoholism treatment and because they are committed to preventive medicine. They expect to earn $70,000 this year, but so far, the income just covers the salaries and expenses of the staff.

57. Somers, Gerald G. The Alcoholic Employee. Employee Relations Law Jrnl., V2 N1, Summer 1976, P58-65.

As the extent of the problem of alcoholism among employees becomes better know, occupational programs to deal with the problem by identifying and treating alcoholic employees are also expandind. Unions have taken the initiative in negotiating the establishment of occupational programs, and labor-management committees are fostering joint alcoholism programs in ten large cities. A joint union/management occupational alcoholism program is believed to be more effective than one initiated unilaterally by union or management, but there is little hard data to back up this assumption. At this stage, emphasis must be put on program evaluation. Extensive outcomes evaluation, in terms of job-performance and cost effectiveness, is still to come.

58. Tichy, Noel M.; Sandst; Rom, Thore. Organizational Innovations in Sweden. Columbia Jrnl of World Business, V9 N2, Sum 1974, P18-27

A report compiled by HEW documents increases in drug abuse, turnover, absenteeism, sabotage, alcoholism and heart disease associated with increased economic security, educational level and the percentage of young people in the work-force. The study recommends comprehensive nation-wide efforts aimed at job redesign and increased worker participation in decisions relating to the structure of the work environment. Sweden has begun to face these issues comprehensively. Throughout Sweden there are numerous organizational innovations taking place which are designed to c hange the work environment and improve worker satisfaction. The most general innovation is to increase worker involvement in decision-making about factors affecting their jobs.

59. The Physician in Small Plant Alcoholism Programs. Arch Environ Health 15(3):399-405, Sep 67

No description available.

60. U. S. Congress. House. Federal Employee Alcoholism Program. 76-603379. 94th Congress, 2nd sess., 1976.

Hearings before the Subcom on Manpower and Housing to investigate Federal agencies' compliance with P. L. 91-616, the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970, requiring Federal employers to institute effective alcoholism programs to identify and assist employees with impaired work performances resulting from alcohol use.

61. U. S. Congress. House. Occupational Alcoholism Programs. 93rd Congress, 2nd sess., 1974.

Hearings before the Subcom on Special Studies to examine Federal support of occupational programs to combat alcoholism and Federal agency efforts to establish alcoholism treatment programs. Appendices (p. 105-271) contain samples of corporate advertising of alcoholism programs. Dept. and agency responses to Subcom inquiries, and:

a. National Council on Alcoholism, "An Employee Alcoholism Program." 1973 (p. 106-118).

b. Navy Dept. "A Cooperative Labor-Management Approach. Department of the Navy Civilian Employee Alcoholism Program." Jan. 1974 (p. 119-134).

c. Maxwell, Milton A., "Alcoholic Employees: Behavior Changes and Occupational Alcoholism Programs" from Journal on Alcoholism and Related Addictions. 1972 (p. 134-140).

d. National Institute on Alcohol Abuse and Alcoholism. "Occupational Alcoholism: Some Problems and Some Solutions" (p. 226-240).

e. Bell, R. Gordon (Donwood Inst. Toronto, Canade), "Critical Analysis of Problem Drinking" (p. 241-260).

f. Sadler, and Horst, James F., "Company/Union Programs for Alcoholics" from Harvard Business Review. Sept.-Oct. 1972 (p. 261-269).

62. U. S. Congress. House. Occupational Alcoholism Programs for Federal Employees. 93rd Congress, 2nd Sess. 1974.

18th report by the committee. Based on a study by Special Studies Subcom. defining the problem of alcoholism among Federal employees, describing the Federal response to date, and recommending ways to make Federal leadership in this field more effective.

63. U. S. Congress. House. 95th Congress, 1st sess. (181). November 4, 1977: p. H12280.

Ottinger stmt pro his bill to provide Federal assistance to employers, and labor organizations to establish occupational alcoholism program: text.

64. U. S. Congress. House. 95th Congress, 1st sess. (180). November 3, 1977: p. H12242.

HR 9942 Ottinger to provide federal financial aid to employers, labor organizations or consortiums to develop and operate alcoholism treatment programs; C/Ed & Labor.

65. U. S. Congress. House. 94th Congress, 2nd sess (061). April 29, 1976, p. H3668.

Randall inserts article from Arlington News re alcoholism among federal employees.

66. U. S. Congress. House. 95th Congress, 1st sess. (081). May 12, 1977; p. H4387.

Schulze pro his bill, HR 7150, the Occupational Alcoholism Prevention & Treatment Act, to establish and operate occupational alcoholism programs for diagnosis and treatment of alcoholism in employed persons: text.

67. U. S. Congress. House. 95th Congress, 1st sess (118), July 13, 1977; p. H7070.

HR 8275 Schulze (20) to provide Federal financial assistance to employers, labor organizations, and other groups to establish occupational alcoholism programs; C/Ed & Labor.

68. U. S. Congress. House. 95th Congress, 1st sess. (081). May 12, 1977; p. H4399.

HR 7150 Schulze to provide financial assistance to employers, labor organizations, and other groups or individuals to operate occupational alcoholism programs for treatment of alcohol abuse in employed persons; C/Ed & Labor.

69. U. S. Congress. Senate. 95th Congress, 1st sess (198). January 4, 1978; p. S19952.

Hathaway inserts New England Magazine article on occupational alcoholism programs in combating and limiting alcoholism; pro S. 1107, to promote development of such programs in business and industry.

70. U. S. Congress. Senate. 95th Congress, 1st sess. (051). March 23, 1977; p. S4676.

S. 1107 Hathaway to provide federal financial assistance to employers, labor organizations, or consortiums of labor and management, or any other qualified group establishing and operating occupational alcoholism programs for the diagnosis and treatment of alcohol abuse and alcoholism in employed persons; C/Human Resources; stmt & text S4681.

71. U. S. Congress. Senate. 95th Congress, 1st sess.(085). May 18, 1977; p. D727.

Senate SC/Human Resources began hearings on S. 1107, to provide financial assistance to employers to establish occupational alcoholism prevention and treatment programs; to continue.

72. U. S. Congress. Senate. 95th Congress, 1st sess. (086). May 19, 1977; p. D738.

Senate SC/Human Resources continued hearings on S. 1107, financial assistance to employers and organizations to establish occupational alcoholism prevention and treatment program; adjourned.

73. U. S. Congress. Senate. 95th Congress, 1st sess (162). October 10, 1977; p. S16856.

S. 1107 to establish occupational alcoholism program for employers, labor organizations, or other groups or individuals (Dole).

74. U. S. Congress. Senate. Substantial Cost Savings from Establishment of Alcoholism Program for Federal Civilain Employees. 91st Congress, 2nd sess., 1970.

Report prepared by GAO for Special Subcom on Alcoholism and Narcotics. Contains background information on alcoholism and estimated employer cost and other savings from establishment of a Federal civilian employee alcoholism program.

75. U. S. Congress. Senate. 95th Congress, 1st sess. (061). April6, 1977; p. S5740.

Williams pro the Occupational Alcoholism Prevention & Treatment Act of 1977 to provide federal assistance to employers, labor organizations and other groups to establish preventive programs.

76. Weimar, R. H. A State-Wide Survey of Drug Issues in Industry. South Med J 69(2):196-8, Feb 76

A state-wide survey of 268 industries within the Commonwealth of Virginia indicated that industry appears to have a problem particularly with alcoholism and that the climate concerning the continued employment of persons who were undergoing treatment and the hiring of persons who have successfully completed a drug treatment program appears very positive.

77. Weiss, W. H. You Can't Ignore the Alcoholic. Supervision V39 N4, Apr. 1977, P6-8.

Recent surveys have shown that at least 5 million employees of business, industry, and government are heavy drinkers, and that their drinking cost employers more than $5 Billion annually. Alcoholism is not always easy to spot but some indicators are conduct symptoms (lower quality and quantity work, irregular work pace, tardiness and excessive absenteeism) and certain poor health symptoms. The company's action in regard to the alcoholic should consider two factors - 1. The worth of the employee, 2. The employee's sincerity in wanting to overcome the problem. Depending on the circumstances the company can either fire or help the alcoholic. Some companies have help programs consisting of diagnosis, counseling, and treatment by professionals. Whether or not your company has a definite program or policy for dealing with alcoholics, the task of helping will require the best a supervisor has in dedication and human relations skills.

78. Whitehead, Ross. The Incredible Cost of Booze. Industry Week, V182 N10, Sept. 2, 1974 P.28-32.

Studies show that up to 5 percent of today's workforce probably has an alcohol problem. Even more alarming is that in an average company almost half of the alcoholic employees are executives, managers, or professional people. In July, top labor and management leaders joined forces to establish nationwide committees at the local level to address the practical treatment problems which alcoholism entails. Specific programs are discussed. Methods used in handling alcoholic employees are beginning to show great strides in understanding alcoholism. A wide array of aids are available to industry. There are local groups, as well as national organizations, which are more than willing to help. A list is provided. Charts.

79. Whiton, Robert R. Health-Insurance Benefits for Alcoholism Treatment - An update. Best's Review L/H V77 N5, Sept. 1976, P22-24, 56-62.

America has 10 million alcoholics - 40 percent are women and only 3 percent are on skid row. Alcoholism causes 9.35 billion dollars of lost production and 8.29 billion in health-medical costs. By 1969 Blue-Cross allowed alcoholism treatment as a claimable expense, but in 1972 payments for this across the industry lagged behind other benefits. In 1972 Prudential made it an allowable expense, Kemper did the same in 1973, and Employers of Wausau did it in 1973. In 1975 Blue Coss of Maryland allowed outpatient coverage. Repeated admissions of patients for alcoholism are low. Yet, alcoholics have 3.6 times the safety injuries and a mortality rate of 3.22 compared to non-drinkers, with higher incidences of other illnesses. These can be combated with employee programs that should have high remission rates. A 1975 California state-employees program cost 3.6 cents per premium month per enrollee, including dependents. Such programs cut insurance costs and are spreading.

80. Wulf, Gary W. The Alcoholic Employee. Personnel Jrnl., V52 N8 Aug 73, P702-704

Evidence is mounting that alcoholism is fast becoming our number one health problem. It is becoming obvious, also that firing is not the solution. Sound business practice would indicate taking another look at the policy of discharging problem drinkers. A company that fires employees discovered to be alcoholics is only discharging those in the last stages of the disease. This promoted concealment by all other employees with the same problem. In addition, the company is abandoning a considerable investment. The average alcoholic employee has more than 10 years experience with his company. A well planned, soundly administered alcoholism program is one of the yardsticks by which managements concern for the welfare of the employees can be measured. According to studies, the most expensive way to handle the problem drinker is to fire or ignore him. The most profitable and effective way is to provide the help he needs to regain his place as a valued employee.

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LEGISLATION ON ALCOHOL

1. Alcohol Abuse and Alcoholism. U.S. Congress. House. 93rd Cong., 1st sess., 1973.Sept. 26, 1973.

   Committee Serial No. 93-67. Hearing before the Subcom on Public Health and Environment on H.R. 10019 and related H.R. 6160. H.R. 9100 and S. 1125 (tests, summary, dept rpts. p. 2-60.), to revise and extend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, to establish an Addiction and Mental Health Administration within HEW.

2. Alcohol Abuse and Alcoholism Prevention. U.S. Congress., Senate. 91st Cong., 2nd sess., 1970. May 21, 25, 1970.

   Hearing before the Special Subcommittee on Alcoholism and Narcotics to consider S. 3835 (test. analysis, and department reports. p. 2-68), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, to provide a comprehensive Federal program.

3. Alcoholism programs, State assistance, extension. U.S. Congress, House, 1972. 92nd Cong., 2nd sess. Oct. 25, 1972.

   "To amend the Comprehesive Alcohol Abuse and Alcoholism Prevention, Treatment, and rehabilitation Act of 1970 to extend for one year the program of grants for State and local prevention, treatment, and rehabilitation programs for alcohol abuse and alcoholism. "

4. Chafetz, M.E. A Bill of Rights for alcoholic people. JAMA, 219(11):1471, 13 Mar 72.

   No description avaiable.

5. Chafetz, M.E. New federal legislation on alcoholism--opportunities and problems. Am J Public Health 63(3): 206-8, Mar 73.

   No description available.

6. C/Commerce issued supplemental report on HR 12677, 3-yr extension of the Alcoholism Prevention, Treatment, & Rehab. Act; H.Rpt. 94-1092, part II. U.S. Congress, House, 1976, 94th Cong., 2nd session. May 12, 1976.

   No description available.

7. C/Labor filed late report on an original bill to amend Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment & Rehabilitation Act. U.S. Congress. 94th Cong., 2nd sess., 1976. March 18, 1976.

8. C/Labor reported S. 3184, an original bill to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment & Rehabilitation Act; S. Rpt. 94-705. U.S. Congress, Senate. 94th Cong., 2nd sess. March 22, 1976.

No description available.

9. Comprehensive Alcohol Abuse and Alcoholism Legislation. U.S. Congress, House . 91st Cong., 2nd sess., 1970.

Committee Serial No. 91-77. Hearings before the Subcom on Public Health and Welfare on H.R. 18874, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, companion to Senate passed S. 3835, and identical to H.R. 18952, H.R. 19042, and H.R. 19122 (text, p. 2-48), to:

a. Establish a National Institute for Prevention and Treatment of Alcohol Abuse and Alcoholism, a National Advisory Council on Alcohol Abuse and Alcoholism, and an Intergovernment Coordinating Council on Alcohol Abuse and Alcoholism;

b. Authorize Federal assistance funding for State and local programs; and

c. Institute progresive programs and policies for alcohol abuse and alcoholism among Federal employees.

Includes texts of:

H.R. 2707 and identical bill H.R. 2727 (p. 49-60), and H.R. 11361 and identical bills H.R. 11851 and H.R. 12354 (p. 60-70), all titles the Alcoholism Care and Control Act of 1969: and

H.R. 17788 (p. 71-119), similar to H.R. 18874.

Also includes Dept reports on bills (p. 120-124, 200-211); "The first Step: A report on a Conference on Drinking Problems: (p. 125-168) and "The Key Step: A Program to combat Problem Drinking Among Employees" (p. 169-199) both Civil Service Commission publications; and submitted statements and correspondence (p. 428-443).

10. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. U.S. Congress, House, 91st Cong., 2nd sess., Dec. 3, 1970.

Recommends passage with an amendment in the nature of a substitute, of H.R. 18874, to establish a National Institute for Prevention and Control of Alcohol Abuse and Alcoholism within NIMH, provide for Federal assistance to States and local groups and organizations for community based planning and development of prevention, treatment, and rehabilitation programs, and require the establishment of similar programs for Federal civilian employees.

11. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments, 1973. U.S. Congress, SEnate, 93rd Cong., 1st Sess., S-541-37, Mar. 13, 14, 16, 1973.

Hearings before the Subcom on Alcoholism and Narcotics on S. 1125 (text, p. 2-18), to amend the Comprehensive AlcoholAbuse and Alcoholism Prevention, Treatment, and Rehabilitation Act (P.L. 91-616) and other related acts to concentrate the resources of the Nation against the problem of alcohol abuse and alcoholism.

Includes submitted statements, (p. 302-309, 432-436), brochures and program descriptions by Illinois Bell Telephone Co. describing company alcoholic rehabilitation program (p. 310-431), and communications from Sen Harold E. Hughes (D-Iowa) to HEW (p. 437-440).

12. Comprehensive Alcohol Abuse And Alcoholism Prevention, Treatment, And Rehabilitation Amendments of 1973. U.S. Congress, 93rd Cong., 1st sess., S543-15, June 13, 1973.

Recommends passage with an amendment of S. 1125, to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act and related acts to concentrate all resources against alcohol abuse and alcoholism. Provisions include:

a. Extension of the State formula grant program through FY76 at the &80 million authorization level.

b. Extension of the contract and project grant authority of the act of 1970 through FY76, authorizing $90 million in FY74, $100 million in FY75, and $110 million in FY76.

c. Addition of a ne special grant authority providing an additional allotment of $1000,000 plus 10% of its allotment for each state which adopts the Uniform Alcoholism and Intoxication Treatment Act.

d. Prohibition of public or private general hospitals receiving funds from Federal agencies from discriminating in their admission and treatment policies against persons solely because of alcohol abuse.

e. Placing the National Institute on Alcohol Abuse and Alcoholism within HEW, permitting the Secretary to place the Institute anywhere within the Dept.

f. Giving the Institute authority for 11 top level positions.

g. Placing alcoholism project and contract authority under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act.

Includes additional veiws (p. 32-32)

13. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, as Amended, Including changes made by P.L. 93-282, May 14, 1974. U.S. Congress, Senate, 93rd. Cong., 2nd sess., S542-2, Dec. 1974.

Prepared for the Subcom on Alcoholism and Narcotics. Consists of text of amended Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act.

14. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970: Extension. U.S. Congress, House, 94th Congress, 2nd sess., H501-30, Jan 19, 26, 1976.

Committee Serial No. 94-74. Hearings before the Subcom on Health and the Environment to consider H.R. 11317 and identical H.R. 11472 (text. p. 2-3) to extend for three years the assistance programs under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Includes submitted statement and correspondence (p. 85-86, 250-258).

15. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976. U.S. Congress, House, 94th Cong., 2nd sess., H503-35, June 22, 1976.

Conference report on S. 3184 to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, to extend and revise Federal alcoholism assistance programs for States and local areas, including programs under the Uniform Alcoholism and Intoxication Treatment Act.

S. 3184 also makes revisions in authority mandates for the National Institute on Alcohol Abuse and Alcoholism and the National Advisory Council on Alcohol Abuse and Alcoholism.

16. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments,of 1976. U.S. Congress, Senate, 94th Cong., 2nd sess., S543-6, Mar. 19, 1976.

Recommends passage of original bill S. 3184, to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 to: extend and expand the programs of the National Institute on Alcohol Abuse and Alcoholism. Includes supplemental views(p.53-54)

17. Conferees agreed to meet on S. 3184 authorizing funds for alcoholism prevention & treatment programs for FY77-79. U.S. Congress, 94th Cong., 2nd sess., 7600-2640, June 15, 1976.

    No description available.

18. Conferees to meet on S. 3184 for alcoholism prevention & treatment programs for Fy77-79. U.S. Congress, House, 94th Cong., 2nd sess., H-139, June 11, 1976.

    No description avaialbe.

19. Decision-Maker's Guide To Program Coordination and Title XX. Seattle, Wash. Region X. HEW., : NTIS Document Reproduction Service, SHR-0000092, 1975.

    The implications of Title XX, a recent amendment to the Social Security Act which significantly reforms the Social Services Program formerly provided under the act, for State and local decision-makers are considered. Title XX gives States the flexibility to design a Social Services Program tailored to the needs fo their citizenry within the broad goals set by the act. Part one of the guide discusses the 'Human Resources maze' and provides visual displays of the overlap and interfaces between a selected set of existing human services programs and their relationship to Title XX. The following human resources programs, selected for their potential interrlation with Title XX activities, are described: Comprehensive employment and training act (CETA); housing and Community development Act (HCDA); National Health Planning and Resources Development Act of 1974; various programs dealing with the aged; community Services Act of 1974; Porgrams for dealing with developmental disabilities; Vocational Rehabilitation Programs; community mental health centers construction act; Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act; and the Drug Abuse Office and Treatment Act of 1972. For each of these programs, the purpose of the related legislation is stated, and overview of the provisions of the law is provided, and services, target groups, coordination requirements, organizational structure, and planning requirements are described. Legal references are provided. A similar summary is provided for Title XX. The fourth section of the guide suggests alternatives for coordination of human resources in light of Title XX provisions in the following ares: (1) Coordinated decision-making; (2) Coordinated planning; (3) intergrated services; and (4) information sharing.

20. Departments of Labor and Health, Education, and Welfare and Related agencies. U.S. Congress, Senate. 72-S181-39, 92 Cong., 2nd session, 1972.

Continuation of hearings before the Subcom on Depts of Labor and HEW and Related Agencies Appropriations, in this volume to consider public witnesses' testimony on various health and education items of the HEW FY73 budget request. Includes subject index to all volumes (p.ix-xviii), and submitted statements related to health manpower needs (p.5457-5505) and on miscellaneous health needs (p.5811-5858). (For summary of brief items of testimony, see S181-39.23.)

21. Departments of Labor and Health, Education, and Welfare and Related Agencies Appropriations, Part 5. U.S. Congress, Senate. 75-S181-50. 94th Cong., 1st sess., 1975.

Continuation of hearings before the Subcom on Depts of Labor and HEW Appropriations. This volume considers testimony of public, congressional, and Administration witnesses on elements of the HEW FY76 budget requests for health and public assistance programs, including NIH medical research activities.

Includes (p. 4619-4987) submitted statements, correspondence, and recommendations for amendments to the HEW FY76 and transition quarter budget from the President and various Senators.

22. Department of Transportation and Related Agencies Appropriations for 1973, Part 1. U.S. Congress, House. 72-H181-7. 92nd Cong., 2nd sess., 1972.

Hearings before the Subcom on DOT and Related Agencies Appropriations to consider DOT and related agencies FY73 budget requests. This volume reviews requests by the Coast Guard, FHWA, National Highway Traffic Authority. Includes budget justification data throughout and subject index (p. iii-xv).

23. District of Columbia Implied Consent Act, definition. U.S. Congress. 72-PL92-519. 92nd Cong., 2nd sess., 1972.

"To provide that any person operating a motor vehicle within the District of Columbia shall be deemed to have given his consent to a chemical test of his blood, breath, or urine, for the purpose of determining the blood alcohol content."

24. Editorial: Liquor licensing. Lancet 1(7955):347, 14 Feb 76.

    No description available.

25. Editorial: Liquor licensing and public health. Br Med J 1(6006): 359, 14 Feb 76.

    No description available.

26. Edwards, G. Public health implications of liquor control. Lancet 2(721):424-5, 21 Aug 71.

    No description available.

27. Emergency Medical Services Amendments of 1976. U.S. Congress, 76-PL94-573. 94th Cong., 2nd sess., 1976.

    "To revise and extend the provisions of title XII of the Public Health Services Act relating to emergency medical services systems, and for other purposes."

    Extends authorizations through FY79 for grants and contracts for planning and development of emergency medical service systems, research on techniques, training in emergency medicine, and a program for burn injuries. Also extends National Commission on Arthritis until Dec. 31, 1976, and extends for one year the Commission for the Protection of Human Subjects. Amends Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 to require alcoholism grants review by National Advisor Council on Alcohol Abuse and Alcoholism.

28. Extend Comprehensive Alcohol and Alcoholism Prevention, treatment, and Rehabilitation Act of 1970 . U.S. Congress, House. 72-H501-56. 92nd Cong., 2nd sess., 1972.

    Committee Serial No. 92-93. Hearings before the Suboom on Public Health and Environment, on H.R. 16675 (text. p. 2), to extend for one year until June 1974, grant programs for State and local prevention, treatment and rehabilitation, administered by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

29. Extension of Assistance to States for Alcoholims Programs. U.S. Congress, 72-H503-33. 92nd Cong., 2nd sess., 1972.

    Recommends passage of H.R. 16675, to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, to extend for one year the program of grants to State and local prevention, treatment, and rehabilitation programs for alcohol abuse and alcoholism.

30. Extension of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. U.S. Congress, House. H503-15. 94th Cong., 2nd sess., 1976.

No description available.

31. Gaps in the Breathalyser laws. B Med J 2(752):58, 3 Apr 71.

No description available.

32. Hathaway re publication of a supplemental report to S. 3184. U.S. Congress. 7600-13523. 94th Cong. 2nd sess., 1976.

Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976; S. Rpt. 94-705, Part 2; supplemental report is needed to correct inadvertant omissions in initial committee report on the bill.

33. House appointed conferees on S. 3184, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment & Rehabilitation Act Amendments of 1976. U.S. Congress, House. 94th Cong., 2nd sess., 1976.

No description available.

34. House C/Commerce approved HR 12677, to extend for 3 years programs of assistance under Comprehensive Alcohol Abuse & Alcholism Prevention, Treatment & Rehabilitation Act. U.S. Senate, House, 7600-10748, 94th Cong., 2nd sess., 1976.

No description available.

35. House passed HR 12677, 3-yr extension of Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment & Rehabilitation Act; 271-3 final vote H3796; text of committee amendments adopted H4795; adopted S. 3184, U.S. Congress, House. 94th Cong., 2nd sess., 1976.

Senate-passed bill after inserting amended House language; major supporting stmts by Pepper H4790, Rogers H4792, Broyhill and Rodino H4793, and Badillo & Carter H4794; one new section of bill will require states to identify need for prevention and treatment programs for women and youths under age of 18.

36. House SC/Commerce held hearing on HR 11317, 3-yr extension of programs under the Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment, and Rehabilitation Act. U.S. Congress, House. 7600-1273. 94th Cong., 2nd sess., 1976.

No description available.

37. House SC/Commerce to hold hearings on HR11317, three-year extension of assistance programs under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act. U.S. Congress, 7600-1065. 94th Congress 2nd sess., 1976.

No description available.

38. Implementation of Alcoholism Act. U.S. Congress, Senate. 71-S541-31. 92nd Cong., 1st sess., 1971.

Hearing before the Subcom on Alcoholism and Narcotics to inquire into Administration plans for implementation of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, P.L. 91-616, the 91st Congress bill S. 3835 (text, p. 2-9). The act provides for: a National Institute on Alcohol Abuse and Alcoholism; a program for Federal civilian employees; assistance to State and local programs; and a National Advisory Council on Alcohol Abuse and Alcoholism. Includes submitted statements (p. 269-300).

39. Implied Consent to Test Operators of Motor Vehicles for Intoxication. U.S. Congress, Senate. 72-S303-16. 92nd Cong., 2nd sess., 1972.

Recommends passage of S. 4059, to provide that any person operating a motor vehicle in D.C. shall be deemed to have given his consent to the taking of two chemical tests to determine his blood alcohol content.

40. Langmaid, C. Liquor Licensing. Lancet 1(794):193, 13 Jan 73.

No description available.

41. Liquor Laws. U.S. Congress, House. 92nd Cong., 2nd sess., 73-H940-14, 1973.

Contains texts and extracts of public laws, 1890-1971, affecting the manufacture, sale, and consumption of alcoholic beverages, including prohibition and its repeal, regulation of domestic and foreign commerce in liquors, taxation of alcoholic beverages, liquor laws respecting Indians, rehabilitation of alcoholics, and D.C. alcoholic beverage controls.

Compiled by Gilman G. Udell, Document Room Superintendent; House of Representatives.

Hearings on Mr. 2 held in Green Bay, Wis.; Mar. 5 in Superior, Wis.; and Mar. 9 in Milwaukee, Wis. Includes submitted statements and correspondence (p.215-255, 495-558, and throughout). (For summary of brief items of testimony, see S541-66.14 and S541-66.16.)

42. Liquor licensing and public health. Br Med J 4(841):625-6, 16 Dec 72.

No description available.

43. 1972 Highway Legislation. U.S. Congress, House. 72-H641-20. 92nd Cong., 2nd sess., 1972.

Committee Serial No. 92-32. Hearings before the subcom on Roads to consider 1972 highway legislative proposals relating to highway safety, construction, and use of the Highway Trust Fund. Contains summary of provisions of the Omnibus Highway Safety Act of 1972 (p. 159-161), and submitted statements, correspondence, and articles (p. 1016-1050).

44. Panama Canal Oversight. U.S. Congress, House. 77-H561-4. 94th Cong., 2nd sess., 1976.

Committee Serial No. 94-42. Hearings before the Subcom on Panama Canal to consider: implications of negotiations to return sovereignty over Canal Zone to Panama; Panama Canal Co. Labor-management relations, and employment opportunities within Canal Zone for native Panamanians.

Also considers H.R. 8471 (text, dept rpts, p.203-206), to amend the Canal Zone Code, to authorize the President of the U.S. to issue regulations to control the purchase, possession consumption, and transportation of alcoholic beverages in the Canal Zone by persons under age 18. Related H.R. 10581 (text, dept rpts, p. 206-210) would give the Canal Zone Gov ernor such regulatory authority.

Supplementary material (p. 210-245) includes:

a. HEW. "The Enhancement of Health." excerpt from second special rpt to Congress on alcohol and health, June 1974 (p.214-230)

b. HEW, "The Legal Status of Intoxication and Alcoholism," excerpt from first special rpt to Congress on alcohol and health, Dec. 1971 (p. 230-245)

45. President signed S. 3184, FY77-FY79 authorization for alcoholism prevention & treatment programs; PL 94-371. U.S. Congress. 7600-7747. 94th Cong., 2nd sess., 1976.

No description available.

46. Recent court decisions regarding imprisonment of alcoholics. JAMA 197(7):582, 15 Aug 66.

No description available.

47. Reform of the Federal Criminal Laws, Part 10. U.S. Congress, Senate. 75-S521-19. 93rd Cong., 2nd sess., 1974.

Continuation of hearings before Subcom on Criminal Laws and Procedures on reform of the Federal criminal code as proposed by the National Commission on Reform of Federal Criminal Laws.

This volume focuses on issues surrounding the insanity defense, drug penalities, national security, boscenity, and related provisions contained in S. 1, the Criminal Justice Codification, Revisionand Reform Act of 1973, and S. 1300, the Administration bill, the Criminal Code Reform Act of 1973.

Contains submitted statements, correspondence, and articles throughout and in appendix (p. 7510-7672), including:

a. Schwartz, Louis B. (Dir. Natl Commission on Reform of Fed Criminal Laws), "The Proposed Federal Ciminal Code, the Administration's Bill, S. 1300 (Analyzed and Compared with the Brown Commission Recommendations)" from Criminal Law Reporter, Bur of Natl Aff (p. 6980-6996).

b. Monahan, John, "Abolish the Insanity Defense? -- Not Yet" from Rutgers Law Review, Summer 1973 (p. 7043-7065).

c. Huckabee, Harlow M., "Resolving the Problem of Dominance of Psychiatrists in Criminal Responsibility Decisions: A Proposal" from Southwestern Law Journal, Dec. 1973 (p. 7093-7109).

d. Moyer, Lloyd K., "The Mentally Abnormal Offender in Sweden: An Overview and Comparison with American Law" (p. 7315-7350)

e. Mueller, Norman R., "Criminal Jurisdiction over Indians and the Proposed Federal Ciminal Codes" (p.7389-7406)

f. American Bar Assn Committee on Intl Criminal Jurisdiction critical analysis of the extraterritorial criminal jurisdiction provisions contained in the proposed Fed criminal code revisions (p. 7406-7426)

g. Indian Civil Rights TAsk Force analysis of Natl Commission on Reform of Fed Criminal Laws criminal code reform proposals regarding Fed criminal jurisdiction within Indian territories, Apr. 28, 1973 (p. 7431-7464)

h. Hall, Livingston: Seligman, Selig J., "Mistake of Law and Mens Rea" from Univ of Chicago Law Review, 1941 (p. 7529-7571)

i. Mathews, Arthur F.; Sullivan, William P., "Criminal Liability for violation of the Federal Securities Laws: The National Commission's Proposed Federal Criminal Code, S. 1, and S. 1400" (p. 7586-7661)

48. Road Safety Act, 1967. Br Med J 4(570):39-41, 7 Oct 67.

No description available.

49. Ryback, R.S. The Uniform Alcoholism and Intoxification Treatment Act. N Engl J Med 287(18):911-2, 2 Nov 72.

No description available.

50. Second supplemental Appropriations for FY71. U.S. Congress, Senate. 71-S181-4. 92nd Cong., 1st sess, 1971.

Hearings on H.R. 8190, to consider supplemental appropriations requests for FY71. Includes budget justification data throughout and additional submitted budget requests for the U.S. Supreme Court (p. 1005), and Health Services and Mental Health Administration. HEW (p. 1705-1712) .

(For summaries of brief items of testimony, see S181-4.26, S181-4,52. S181-4,67.)

51. Senate agreed to conf report on S. 3184, Alcoholism prevention and treatment bill. U.S. Congress, Senate, 7600-5155. 94th Cong., 2nd sess., 1976.

Supporting summary by Hathaway S10944 & Williams S10947; conf report authorizes formula grants to states of $70 million in FY 77, $77 million in FY78, &$85 million in FY79; special emphasis to be placed on rehabilitation of target groups not previously singled out for priority including women, youngsters & Native Americans.

52. Senate appointed conferees on S. 3148, Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment, & Rehabilitation Act Amendments of 1976. U.S. Congress, Senate, 7500-1833. 94th Cong., 2nd sess., 1976.

No description available.

53. Senate continued consideration of HR 10612, proposed Tax Reform Act of 1976, no final action. U.S. Congress, Senate, 7600-7414. 94th Cong., 2nd Sess., 1976.

Approved the following amendments: committee amendment as revised S12361 substituting new language for Titel V, Tax Simplification for Individual Income Tax -- Approved by unanimous 82-0 vote; a committee amendment S12362 substituting new language for Title VI. Business Related Individual Income Tax Provisions -- 77-1 vote on S12362;

adopted another committee amendment substituting new language for Title VIII. Accumulation Trusts by unanimous vote of 81-0; adopted revised Hansen amendment S12363 to include storage expenses as part of moving expenses for active duty military. By unanimous 76-0 vote approved committee amendment dealing with Title IX, Small Business Provisions; by another unanimous substituting new language for Title XVI. Real Estate Investment Trusts; and concluded action by approving a revised Hathaway amendment S12369 establishing an Alcoholism Trust Fund -- 69-0 unanimous final vote on S12376, this amendment permits use of excise taxes on alcoholic beverages for treatment of persons suffering from alcohol abuse and alcoholism.

54. S.802 to amend the Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment & Rehabilitation Act Amendments of 1976 U.S. Congress, Senate. 7710-538. 95th Cong. 1st sess., 1977.

No description available.

55. S. 802 to provide that States will be assured of receiving grants for alcohol abuse treatment programs equal to levels earlier received prior to changes in the Alcoholism Prevention & Treatment Act. U.S. Congress, Senate, 7711-1235. 95th Cong., 1st sess., 1977.

No description available.

56. Senate passed S. 3184, FY77-FY79. U.S. Congress, Senate, 7600-11512. 94th Cong., 2nd sess., 1976.

Authorization for alcoholism prevention and treatment programs; sectional analysis of the bill S4517; explanation of state formula grants S4514; text of bill as reported on S4519; text of committee report on the bill S4521; major supporting stmts by Hathaway S4513 and Williams S4517.

57. Senate passed S.J.Res. 351, resolution making further continuing appropriations for FY77. U.S. Congress, Senate, 7712-367. 95th Cong., 1st sess., 1977.

Programs receiving 1-month extension of funding under the continuing resolution are mainly under HEW, but the resolutiondoes cover general revenue - sharing payments. McClellan summarizes specific programs covered S5021; refs to higher education, Natl Health Service Corps, home health services, emergency medical services, library resources, Teachers Corps, alcohol abuse and alcoholism prevention, and activities under Title VI of CETA.

58. Senate passed HR 4975, Health Assistance Programs Extension Act of 1977, by 92-1 vote S7036. U.S. Congress, Senate, 7716-692. 95th Cong., 1st sess., 1977.

List of Senate conferees appointed S7036. Text of bill as reported by C/Human Resources S7020. Kennedy supporting summary S7023. This bill extends for one year, numerous expiring health authorities unders the Public Health Service Act and the Mental Retardation and Community Mental Health Centers Act. Seven floor amendments were adopted including Talmadge amendment S7024 increasing authorization level for maternal and child health program to 115% of FY77 level and extending 100% Federal Financiing of medicaid skilled nursing. Senate approved a series of three Kennedy amendments on S 7025. The first increases to $272 million, authorizations for operation of community health centers; second make conforming changes in loan programs for health students; and the third S7026 extends for one additional month to Aug. 30, 1977, the Committee on Mental Health and illness of the Elderly. Next the Senate approved a Brooke amendment S7027 increasing by $10 millian to a total of $140 million funds for family planning services. Also approved was a second Brooke amendment S7028 increasing by $2 million to a total of $5 million authorizations for research into sudden infant death syndrome. The final floor amendment approved was Hathaway amendment S7029 to assure that funding for programs under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act at not less than 1976 level.

59. Senate SC/Labor concluded oversight hearings of federally funded alcoholism programs. 7600-3334. U.S. Congress, Senate. 94th Congress, 2nd sess., 1976.

No description available.

60. S. 3016, Laxalt bill to amend Alcohol Abuse & Alcoholism Prevention Treatment, and Rehabilitation Act. U.S. Congress, SEnate, 7600-7457. 94th Cong., 2nd sess., 1976.

No description available.

61. S. 3016 Laxalt to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act by reaffirming that the Natl Institute of Alcohol Abuse and Alcoholism conduct a basic medical reserach program into the causes, prevention and cure of alcoholism; C/Labor; Stmt & Text. U.S. Congress, Senate, 7600-5591. 94th Cong., 2nd sess., 1976.

No description available.

62. S. 3016, Laxalt bill to amend the Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act. U.S. Congress, Senate,7600-9633. 94th Cong., 2nd sess., 1976.

No description available.

63. S. 3016, Laxalt bill to amend Alcohol Abuse & Alcoholism Prevention and Rehabilitation Act. U.S. Congress, Senate, 7600-9944. 94th Cong., 2nd sess., 1976.

No description available.

64. Senate unanimously approved revised Hathaway amendment to tax reform bill. U.S. Congress, Senate. 7600-7356. 94th Cong., 2nd sess., 1976.

Amendment establishes an Acloholism Trust Fund and would permit use of excise taxes on alcoholic beverages for treatment of persons suffering from alcohol abuse or alcoholism; Hathaway supporting summary S12371 and Williams endorsement S12374; Long & McClellan stmts clarifying that Fund has only been created and will have no revenue this year S12373; Javits stmt pro involving the alcohol industry in the fund S12374.

65. Staggers inserts conf report on S. 3184, Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment & Rehabilitation Act Amendments of 1976; H. Rpt. 94-1285; jnt explanatory stmt H6366. U.S. Congress, Senate. 94th Cong., 2nd sess., 1976.

No description available.

66. Uniform Alcoholism and Intoxication Treatment Act. U.S. Congress Senate, 72-S542-1. 92nd Cong., 1st sess., 197o.

Contains text of a proposed Uniform Alcoholism and Intoxication Treatment Act, drafted by National Conference on Uniform State Laws, recommending its enactment in all States.

Act's purpose is to remove public intoxication from the criminal justice system and create safeguards as well as a new system for helping alcoholic persons as well as their families.

67. Uniform Alcoholism and Intoxication Treatment Act. U.S. Congress, Senate, 73-S542-37. 93rd Cong., 1st Sess., 1973.

Contains text of a proposed Uniform Alcoholism and Intoxication Treatment Act, drafted by National Conference on Uniform State Laws, recommending its enactment in all States.

Acts purpose is to remove public intoxication from the criminal justice system and create safeguards as well as a new system for helping alcoholic persons as well as their families.

68. Waxman pro 3-yr extension of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment & Rehabilitation Act; refs to problems of women & minor alcoholics. U.S. Congress, Senate. 20409. 94th Cong., 2nd sess., 1976.

No description available.

69. Williams opposing Administration's proposals to consolidate alcoholism programs with 15 other health programs including Medicaid, into one $10 billion block grant programs; inserts report on economic justifications for rehabilitating alcoholics. U.S. Congress. 94th Cong., 2nd sess., 1976.

No description available.

LEGISLATION ON ALCOHOL

Titles - Cross Reference

Alcohol Abuse and Alcoholism. Page 1 (1)
Alcohol Abuse and Alcoholism Prevention. Page 1 (2)
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C/Commerce issued supplemental report on HR 12677. Page 1 (6)
C. Labor filed late report on an original bill to amend Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment & Rehabilitation Act. Page 1 (7)
C/Labor reported S. 3184. Page 2 (8)
Comprehensive Alcohol Abuse and Alcoholism Legislation. Page 2 (9)
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Conferees agreed to meet on S. 3184 authorizing funds for alcoholism prevention & treatment programs for FY77-79. Page 5 (17)
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Extend Comprehensive Alcohol and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. Page 7 (28)
Extension of Assistance to States for Alcoholism Programs. Pate 7(29)
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House SC/Commerce held hearing on HR 11317. Page 8 (36)
House SC/Commerce to hold hearings on HR 11317. Page 9 (37)

MINORITIES AND ALCOHOL

1. Albaugh, BJ; Anderson, PO. Peyote in the treatment of alcoholism among American Indians. Am. J. Psychiatry 131(11): 1247-50, Nov 74.

   No description available.

2. Alcoholism: A High Priority Health Problem. Rockville,MD: NTIS Document Reproduction Service, HRP-0006480/8SL, 1973.

   Findings of a study of alcohol abuse and alcoholism among American Indians and Alaska natives are reported by the Indian Health Service task force on alcoholism. The incidence of alcoholism among these two groups is estimated to be twice the national average. The majority of accidents, homicides, assaults, suicides and suicide attempts among Indians are associated with alcohol. The history,nature, extent and significance of alcoholism in the Indian population are outlined in order to provide health personnel with a clearer understanding of this unique problem. It is noted that it is a particular problem for adult males and adolescents of both sexes, often due to feelings of anger, frustration or boredom. Conflicts between school and home environments create problems for teenagers. Problems involving prevention, treatment and control of alcoholism are explained, and some components of programs to combat and treat alcoholism are suggested. These include direct personal services (general medical care, psychiatric care, counseling programs, detoxification centers, and halfway houses), training programs for those treating Indian alcoholics, health education programs, and community relationships. The final section of the report is a reference guide to alcoholism programs and resources.

3. Fenna, D; Schaefer, O.; Mix, L.; Gilbert,JA. Ethanol metabolism in various racial groups. Can Med Assoc J 105(5):472-5, 4 Sep 71.

   No description available.

4. Ferguson, Frances N. Treatment program for Navaho alcoholics: Results after four years. Quarterly Jnl. of Studies on Alcohol V31 N4 P898-919 Dec 70.

   The experience of an 18-month program for Navaho problem drinkers, conducted by the McKinley County Family Consultation Service in Gallup, New Mexico, is reported. In the course of the program, Navahos detained at Gallup City Jail for drunkenness and six detained at McKinley County Jail on drunkenness-related felony charges were interviewed in the jail by project staff and told of the treatment opportunity. The 115 subjects, including four women, who chose treatment entered a program in which all patients were placed on conditional 18 months' probation. Disulfiram therapy was used with the patient's knowledge and conset, and patients underwent detoxification and medical evaluation at the public health service hospital in Gallup prior to starting disulfiram therapy. A responsible adult volunteer who lived in the same area as the patient assisted the patient in taking disulfiram daily. Project staff escorted patients from jail to hospital and visited them during the five-day detoxification stay. Counseling opportunity was provided during the course of treatment. Navaho interpreters participated in the program; employment and welfare counseling was available; and follow-up studies were carried out. A detailed evaluation of the program is presented in which it is noted that 88 percent of the patients who were abstinent at the end of two years attained their sobriety during the first six months of treatment. This group of patients had less facility with English and less formal education than did unseccessfully treated patients but more arrests prior to treatment. Active participation by Navaho interpreters who were former members of the drinking peer group was found to be an improtant factors in the program's success. Implications of the program's experience for future projects are discussed.

5. Havighurst, Robert J. The extent and significance of suicide among American Indians today. Mental Hygiene 1971, Apr, Vol 55(2), 174-177.

   Young indian males have suicide rates approximately twice those of young white males. After the age of 45 yr., the suicide rate for indians is about ½ that of whites in the same age range. Indian suicide rates are closely related to disorganized family life, alcoholism, and loss of friends and relatives by death.

6. King, LJ; Murphy, GE; Robins, LN; Darvish,H. Alcohol abuse: a crucial factor in the social problems of Negro men. Am J Psychiatry 125(12): 1682-90, Jun 69

   No description available.

7. Littman, G. Alcoholism, illness, and social pathology among American Indians in transition. Am J Public Health 60(9): 1969-87, Sep 70.

   No description available.

8. Long term care alternatives: A development guide for services for senior citizens. Mt. Vernon, Wash., Baltimore, Md.: NTIS Document Reproduction Service, HRP-0016330/3SL, 1976.

   A plan for providing comprehensive health care and supportive services for elderly persons in Whatcom, Skagit, Island, and San Juan counties in the State of Washington, is described. Elderly residents of the four-county planning area participated in a series of workshops during which they discussed their needs and ideas for improved services with public officials, providers, and other interested citizens. After community concerns were identified, a special task force assessed needs, developed goals and objectives, defined services and financing mechanisms, and formulated an action plan. The needs assesment findings are reported, and the goals chosen to shift the emphasis of the service system from institutional dependency to independent living are stated. Definitions, objectives, financing mechanisms, recommendations, status summaries, and implementation activities are outlined for the following services: Home Nursing, Homemaker/Chore Services, Home Delivery of meals, nutrition and congregate meals, screening and diagnosis of health problems, nursing home care, geriatric day care, alcoholism counseling, mental health therapy, low-cost housing, congregate boarding home care, respite care, foster care, information and referral, outreach, telephone reassurance and friendly visits, employment opportunities, recreation and socialization, education, protective services, legal aid, ombudsman and advocacy, volunteer service opportunities, transportation, and household repair. A bibliography and supporting data are included.

9. Mayo, Julia A. Utilization of a community mental health center by blacks: Admission to inpatient status. Journal of Nervous & Mental Disease, 1974, Mar Vol.158(3) 202-207.

Hypothesized that utilization of the community mental health center (CMHC) is influenced more by demographic and psychosocial characteristics of patients and by perceptions and values of purveyors of mental health resources than by availability and organization of services. In the catchment area under study (in New York City), blacks, the police, social agencies, and the CHMC staff itself accepted and followed a traditiional practice of blacks "going to" the city hospital. Findings are in the expected direction with regard to psychosocial characteristics. Blacks were more often suspiciousness, drug and alcohol abuse, and seizures than the nonblack patients. Clinical factors of diagnosis, treatment response, or prognosis were of little relevance in differentiating black from nonblack patients. The role of stress and mobility in precipitating psychiatric hospitalization among black patients remains suggestive but inconclusive.

10. Miller, Sheldon I. et al. An evaluation of alcoholism treatment services for Alaskan natives. Hospital & Community Psychiatry 1975 Dec Vol 26(12), 829-831.

Using chart-review procedures, the management of patients with a recognized alcohol problem was examined in 12 medical facilities and 20 alcoholism programs throughout Alaska. The 1-yr evaluation focused on the service delivery system rather than on treatment outcome, and attempted to determine whether problems of alcohol abuse were being solved. It was found that a treatment plan was developed, followed up, and evaluated for 8% of the problem drinkers treated in medical facilities and for 16.7% of those in alcohol programs.

11. Mishara, Brian L.; Kastenbaum, Robert; Baker, Frank; Patterson, Robert D. Alcohol effects in old age, An experiemental investigation. Social Sciences and Medicine, V 9 N 10, P 535-547, 1975.

The psychological and physical effects of alcohol are assessed in elderly persons differing in functional status and level of dependency. Participants in the study were the residents of a rest home in Boston, Massachusetts, and the patients of a nursing home. The former were free to come and go and received minimal supervision and physical care. The latter were in need of greater supervision and nursing care. At both settings, two servings of various alcoholic beverages, each containing 0.4 fluid ounce of alcohol, were available during a social hour to voluntary participants 3 days a week. Randomly chosen experimental participants had alcohol avaliable for 18 weeks; controls had only nonalcoholic beverages available during the first 9 weeks and then alcoholic beverages for weeks. Medical and psychological data were gathered before the start of the study, after the first 9 weeks, and after 18 weeks. Medical information included electrocardiograms, blood tests, and a special physical examination. Psychological assessments included a variety of measures standardized for geriatric populations, as well as questions about daily living. No negative physiological or psychosocial changes attributable to alcohol consumption or to participation in the social hours were found, and no alcoholism occurred. A number of positive effects were identified: Participant who drank improved in cognitive performance and morale and reported sleeping better. Supporting data are included.

12. Rathbone-McCuan, Eloise; Lohn, Harold; Levenson, Julia; Hsu, James. Community Survey of Aged Alcoholics and Problem Drinkers. Baltimore, Md.: NTIS Document Reporduction Service, PB-259 625/2SL, 1976.

A community survey of aged alcoholics and problem drinkers in four environmental settings in Baltimore, Maryland was conducted in order to obtain more information about the patterns of alcohol consumption and the problems older persons experience as a result of their drinking behavior. A pool of data was generated as a base for the planning and implementation of alcoholism treatment and prevention programs. The rate of alcoholism among the elderly is approximately 12 per 100 with an alcoholism sex ratio of males to females being 5:1. By conservation estimates, approximately 85 percent of all elderly problem drinkers are not receiving any type of service directly related to their drinking problem. Many aged persons are taking medications that should preclude the use of alcohol, but physicians are not providing adequate instructions to their patients about drug interaction. Current national and local policies are critically examined and recommendations made.

13. Rosin, Arnold J.; Glatt, M.M. Alcohol Excess in the Elderly, Quarterly Journal of Studies on Alcohol, 1971, 32, 1, Mar, 53-59.

The characteristics & causes of drinking problems in elderly psychiatric & geriatric patients in the UK are described. Women were found to outnumber men, & environmental circumstances were more prominent than personality factors. 103 S's over 65 seen over the past 7 yrs in psychiatric domiciliary consultations at a nursing home near London or admitted to the regional alcoholism unit at St. Bernard's Hosp, were studied. Among the reasons found for drinking problems were: neuroticism, self-indulgence, egocentricity, bereavement, dementia, retirement, loneliness, & domestic quarrels. The results of excessive drinking ranged from deterioration of physical, mental or soc conditions to excessive incontinence & paranoia. The seriousness of drinking problems in old age depends on general health & soc support. Manipulation of the environment & improvement in the Med condition are often beneficial. Preretirement courses help to avoid a soc vacuum after a person leaves work. It is important that problem drinking be detected at an early stage. 1 Table. Modified HA.

14. Roy, C. Indian peyotists and alcohol. Am J Psychiatry 130(3): 329-30, Mar 73.

No description available.

15. Self-help programs for Indians and native Alaskans. Alcohol Health & Research World, 1974 Sum Exp Issue 11-16.

Discusses the efforts of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to reduce the high incidence of alcohol abuse among American Indians and Alaskan natives. Since 1971 almost 100 self-help programs have been funded to combat alcoholism among Indians in addition to a mini-grant program making funds available to Alaskan natives. These programs operate independently, with recipients responsible for program development, implementation, and expenditure of funds. Examples of several treatment facilities illustrating different approaches to treatment are presented. Although most NIAAA funded programs are short-term, their strength and self-direction will foster additional support to combat the major social, health, and economic problems among American Indians.

16. Shore, J.H; Von Fumetti, B. Three alcohol programs for American Indians. Am J Psychiatry 128(11): 1450-4, May 72.

No description available.

17. Sievers, M.L. Cigarette and alcohol usage by southwestern American Indians. Am J Public Health, 58(1): 71-82, Jan 68.

No description available.

18. Simon, A; Epstein, L.J.; Reynolds, L. Alcoholism in the geriatric mentally ill. Geriatrics, 23(10): 125-31, Oct 68.

No description available.

19. U.S. Congress. House. Department of the Interior and Related Agencies Appropriations for 1977, Part 6. 76-3574. 94th Congress., 2nd sess., 1976.

Continuation of hearings before the Subcom on Dept. of Interior Appropriations to consider FY77 budget requests for Interior Dept and related agencies, in this volume considering Indian affairs, independent related agencies, and TTPI.

This volume contains testimonies only. Summaries of these testimonies include, when appropriate, page references to matching submitted justifications in Parts 1 and 2.

20. U.S. Congress, House. Indian Health Care Improvement Act. 76-8693. 94th Cong., 2nd sess., 1976.

Committee Serial No. 94-102. Hearings before the Subcom on Health and the Environment of H.R. 2525 (text, p. 2-63), the Indian Health Care Improvement Act, to improve services and facilities of Federal Indian health programs and to encourage maximum Indian participation in such programs through the following:

Title I: to augment Indian health manpower through grants for Indian students in schools of medicine, dentistry, and other health professions, and to students in preparatory programs.

Title II: to authorize a seven-year funding program to provide for currently unmet needs in Indian health care services and services.

Title III: to authorize a seven-year construction and renovation program for Indian health, safe water, and sanitary waste disposal facilities.

Title IV: to provide medicare/medicaid reimbursement to health services for treatment of eligible Indians.

Title V: to assist urban Indian organizations in establishing and administering centers to provide health service access for urban Indians.

Title VI: to establish an American Indian School of Medicine.

21. U.S. Congress. Senate. Amendments to the FY77 Budget for the Department of Health, Education, and Welfare. Communication from the President. 76-7453. 94th Cong., 2nd sess., 1976.

Request for increase in HEW FY77 appropriations to continue Indian alcoholism programs and for corresponding reduction in appropriations of other Indian programs being transferred to Indian Health Service.

22. U.S. Congress. Senate. Indian Law Enforcement Improvement Act of 1975, Part 2. 76-7259. 94th Cong., 2nd sess., 1976.

Continuation of hearings before the subcom on Indian Affairs on S. 2030 (text., dept rpts, p. 584-595), the Indian Law Enforcement Improvement Act of 1975, to strengthen tribal legal systems and provide for retrocession of State jurisdiction, or the transfer back to the Indian tribes and the Federal Government of determination over civil and criminal jurisdiction, and over laws applying to the reservations. Bill also repeals P.L. 83-280, granting five States civil and criminal jurisdiction over all but three tribes within those States and granting the U.S. authority to grant similar jurisdiction to all other States.

Appendices (p. 659-779) contain submitted statements, correspondence, articles, and a CRS report, "Background Report on Public Law 280," published as a committee print (p. 717-779).

23. U.S. Congress. Senate. Jackson (Fannin) submit amendment to S. 522.. 94th Congress, 2nd sess., 1976.

Indian Health Care Improvement Act: amendment would alter definition of "Indian Tribe" and increase authorization for 9 Indian Health Service programs from $5 million to $10 million; refs to predominance of alcoholism control program.

24. Vitols, M.M. Culture patterns of Drinking in Negro and white Alcoholics. Diseases of the Nervous System, 1968, 29(6), 391-394.

Discusses negro drinking patterns from data based on the admission of negro alcoholics to North Carolina mental health facilities. The data indicated a lower incidence of negro alcohlics than white, but was not considered to be a true reflection of the incidence or rate of alcoholism in both races. Negro drinking patterns were believed to reflect the inseparability of historical, social and cultural factors. The drinking problem in the negro is believed to be one of adaptation where it is predicted that the negro will share the patterns of white alcoholics if he comes to share the white man's culture and society more fully.

25. Westermeyer, J. Chippewa and majority alcoholism in the Twin Cities: a comparison. J Nerv Ment Dis 155(5): 322-7, Nov 72.

No description available.

26. Wilson, L.G.; Shore, J.H. Evaluation of a regional Indian alcohol program. Am J Psychiatry, 132(3): 255-8, Mar 75.

The authors analyzed follow-up data collected by an Indian counselor an a psychiatrist on 83 American Indian alcoholic men. Follow-up status was judged by an interdisciplinary panel according to a six-step rating scale. The 44 percent improvement rate compares favorably with other treatment programs, especially in view of the selection process, which favored difficult patients. The authors suggest that the interdisciplinary rating panel is an approach that can prevent erroneous judments of the drinking status of American Indians.

MINORITIES AND ALCOHOL

Titles - Cross Reference

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Alcohol effects in old age: An experimental investigation; Page 4 (11)
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Alcoholism: A High Priority Health Problem; Page 1 (2)
Alcoholism, illness, and social pathology among American Indians in transition; Page 2 (7)
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Treatment program for Navaho alcoholics: Results after four years; Page 1 (4)
Utilization of a community mental health center by blacks: Admission to inpatient status; Page 3 (9)

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1. Action on alcohol and road accidents (editorial). Br Med J 1(6062):665-6, 12 Mar 77.

   No description available.

2. Alcohol and driving. Br Med J. 5478:3-4, 1 Jan 66.

   No description available.

3. Alcohol and society. JAMA 216(6):1011-3, 10 May 71.

   No description available.

4. Alcohol on the Road. Br Med J. 4(778):5-6, 2 Oct 71.

   No description available.

5. Baker, S.P.; Fisher, R.S. Alcohol and motorcycle fatalities. Am J. Public Health 67(3):246-9, Mar 77.

   A series of 99 fatal motorcycle crashes in Maryland was studied retrospectively, using police and medical examiner records. Blood alcohol concentrations were determined for 62 motorcycle drivers; measurable amounts of aclohol were found in two-thirds (41), and one-half (31) had illegally high concentrations of 100 mg/100 ml or more. The police report mentioned alcohol in only 9 instances. High blood alcohol concentrations were found most commonly among drivers age 20-34.

6. Bako, G.; Mackenzie, W.C.; Smith, E.S. Survey of impaired drivers, fatally injured or surviving, who caused fatal highway accidents Alberta in 1970-72. Can Med Assoc J 115(9):856-7, 6 Nov 76.

   In 1979-72, 456 (53.4%) of 854 drivers responsible for a motor vehicle accident in which either they or other persons were killed had been drinking beforehand. Of surviving culpable drivers tested for blood alcohol concentration 81.7% were found to be legally impaired; however, only 24.8% of these drivers were tested. Because surviving culpable drivers pose a possible future hazard to highway safety it is important that data on this group be collected and analysed.

7. Baldwin, A.D. Anstie's alcohol limit: Francis Edmund Anstie 1833-1874. Am J Public Health 67(8):679-81, Jul 77.

   No description available.

8. Bebb, H.T.; Houser, H.B.; Witschi, J.C.; Littel, A.S.; Fuller, R.K. Calorie and nutrient contribution of alcoholic beverages to the usual diets of 155 adults. Am J Clin Nutr 24(9):1042-52, Sept 71.

   No description available.

9. Blacker, E. Training predoctoral social and behavioral science students in alcoholism research. Am J. Psychiatry 124(12): 1686-91, Jun 68.

No description available.

10. Devenyi, P.; Wilson, M. Abuse of barbiturates in an alcoholic population. Can Med Assoc J. 104(3):219-21, 6 Feb 71.

No description abailable.

11. Devenyi, P.; Wilson, M. Barbiturate abuse and addiction and their relationship to alcohol and alcoholism. Can Med Assoc J. 104(3): 215-8, 6 Feb 71.

No description available.

12. Ditman, K.S.; Crawford, G.C. The use of court probation in the management of the alcohol addict. Am J Psychiatry 122(7):757-62, Jan 66.

No description available.

13. Editorial: Alcohol and the brain. Br Med J. 1(6019):1168, 15 May 76.

No description available.

14. Editorial: Drinking drivers and the law. Br Med J. 1(6018): 1103-4, 8 May 76.

No description available.

15. Enticknap, J.B. Driving and social drinking. Br. Med J. 2(543):49, 1 Apr. 67.

No description available.

16. Gath, D.; Hensman, C.; Hawker, A.; Kelly, M.; Edwards, G. The drunk in court: survey of drunkenness offenders from two London Courts. Br. Med J. 4(634): 808-11, 28 Dec. 68.

Do description available.

17. Glatt, M.M. Alcoholism and drug dependence in doctors and nurses. Br. Med J. 1(588): 380-1, 10 Feb 68.

No description available.

18. Glatt, M.M. Letter: Doctors with a drinking problem. Lancet, 1(7900):219, 25 Jan 75.

No description available.

19. Goodwin, D.W. Is alcoholism hereditary? A review and critique. Arch Gen Psychiatry 25 (6):545-9, Dec. 71.

No description available.

20. Groves, David H. Charismatic leadership in Alcoholics Anonymous: A case study. Quarterly Journal of Studies on Alcohol, 1972 Sep Vol. 33(3-A) 684-691.

Observed the structure and functions of an Alcoholics Anonymous (AA) group in Chicago, Illinois, over a period of 4 yrs. The group was founded and led by a woman with charismatic qualities; her authority did not appear to be questioned by other members. Her influence is attributed to her personality, religious philosophy, and the maintenance of direct personal contact with each member of the group. The dynamics of an AA group, the transference of power to new leaders, and the transition of the group to a more formal organization after the resignation of the founding leader are described.

21. Guze, S.B.; Cantwell, D.P. Alcoholism, parole observations and criminal recidivism: at study of 116 parolees. Am J. Psychiatry 122(4):436-9, Oct. 65.

No description available.

22. International views on alcohol and traffic safety. Br. Med J. 4(5942):429-30, 23 Nov 74.

No description avaiable.

23. Intoxication and crime. Br. Med. J. 1(6020):1286-7, 22 May 75.

No description available.

24. Kaij, L.; Dock, J. Grandsons of alcoholics. A test of sex-linked transmission of alcohol abuse. Arch Gen Psychiatry 32(11):1379-81, Nov 75.

To test the hypothesis of a sex-linked factor influeincing the occurrence of alcoholism and alcohol ab use, alcoholism or abuse rates were compared for 136 sons of the sons vs 134 sons of the daughters of 75 alcoholics. No substantial difference between the groups of grandsons was found in frequency of officially registered alcoholism or alcohol abuse, or both, which suggests no sex-linked factor is involved. The total sample was also used to calculate the risk of such registration for the grandson; the rate of registration by the grandsons' fifth decade of life was 43%, approximately three times that of the general male population, and even higher than the equivalent rate in brothers of alcoholics. This result is incompatible with an assumption of a recessive gene being involved in the occurrence of alcoholism, though it fits with the assumption of a dominant gene.

25. Kennedy, D.L. Behavior of alcoholics and spouses in a simulation game situation. J. Nerv. Ment. Dis 162(1): 23-34, Jan 76.

The interaction of alcoholics and spouses in a simulation game systematically observed and compared to the behavior of nonalcoholic couples. Overall, 28 couples played a mixed-motive bargaining game, the "tax game," which is a modification of Kelly's "game of nines." Alcohol couples as a group did not manifest a distinct game "style." They were less uniform in this respect than "normal" couples and a mixed group of "psychiatrically disturbed" couples. Subgroup trends without the alcoholic sample were suggested and discussed. Extreme behavior, rigidity, and lack of communication were common features in the game behavior of alcoholic couples that did not appear to relate to a particular game style, but did distinguish the game play of alcoholic couples from that of nonalcoholic couples.

26. Kipperman, A.; Fine, E.W. The combined abuse of alcohol and amphetamines. Am J Psychiatry 131(11): 1277-80, Nov 74.

No description available.

27. Korcok, M. Conference on alcohol and drug use: alcohol primary drug of abuse. Can Med Assoc J. 115(2):186-7, 17 Jul 76.

No description available.

28. Laessig, R.H.; Waterworth, K.J. Involvement of alcohol in fatalities of Wisconsin drivers. Public Health Rep 85 (6):535-49, Jun 70.

No description available.

29. Lawson, Gery W. Selected counselor variables and their relationship to counseling process in alcoholism treatment. Dissertation Abstracts International, 1976 Jun Vol 36(12-A) 7869.

No description available.

30. Lester, D. Breath tests for alcohol. N Engl J Med 284(22): 1269-70, 3 Jun 71.

No description available.

31. Maletzky, B.M.; Klotter, J. Smoking and alcoholism. Am J Psychiatry 131(4):445-7, Apr. 74.

No description available.

32. Mayer, T.C. Drink, drugs, and driving. Br Med J 3(766):112, 10 Jul 71.

No description available.

33. Mayfield, D.G.; Montgomery, D. Alcoholism, alcohol intoxication, and suicide attempts. Arch Gen Psychiatry 27(3):349-53, Sep 72.

No description available.

34. McGovern. "The desperate conditions" of our major cities. 7726-662. 95th Cong., 1st Sess., 1977.

Blames recent looting during NY City blackout on "miserable and a culture of drugs and alcoholism"; inserts article on need to revitalize urban areas.

35. Medical school education on abuse of alcohol and other psychoactive drugs. JAMA 219(13):1746-9, 27 Mar 72.

No description available.

36. Medicolegal. Drink-driving offences. Br Med J 2(6038): 766-7, 25 Sep 76.

No description available.

37. Moore, R.A. Legal responsibility and chronic alcoholism. Am J Psychiatry 122(7):748056, Jan 66.

No description available.

38. Myerson, D.J.; Mayer, J. Origins, treatment and destiny of skid-row alcoholic men. N Engl J Med 275(8):419-25, 25 Aug 66.

No description available.

39. Norris, J.L. Research in alcoholism--a report. Arch Environ Health 19(2):257-60, Aug 69.

No description available.

40. Olin, J.S. "Skid row" syndrome: a medical profile of the chronic drunkenness offender. Can Med Assoc J 95(5): 205-14, 30 Jul 66.

No description available.

41. O'Neill, B.; Eiswirth, R.S. Screening drivers for alcohol--an application of Bayes' formula. Am J Public Health 62(11):1468-72, Nov 72.

No description available.

42. Patten salutes constituent Riley Regan, recently-elected president of the Council of State & Territorial Alcoholism Authorities. 95th Cong., 1st Sess., 1977.

No description available.

43. Patterson, R.D.; Abrahams, R.; Baker, F. Preventing self-destructive behavior. Geriatrics 29-(11):115-21, Nov 74.

No description available.

44. Rada, R.T. Alcholism and forcible rape. Am J Psychiatry 132(4):444-6, Apr 75.

Data collected from detailed autobiographies of 77 convicted rapists revealed that 50 percent of them were drinking at the time of the rape and that 35 percent were alcoholics. This strong association between alcoholism and forcible rape highlights the importance of follow-up treatment programs for the alcoholic sex offender; such programs should focus on adequate control of this drinking behavior as well as on his sexual adjustment.

45. Rapp, M.S. Use and ab use of drugs. Can Med Assoc J 98(19); 922, 11 May 68.

No description available.

46. Rogers inserts Natl Council on Alcoholism description of recent forum in Wahsington, D.C. at which prominent people identified themselves as abstaining aclholics; list of participants. 94th Cong., 2nd Sess., June 17, 1976.

No description available.

47. Rosenberg, Chaim M.; Gerrein, John R.; Manohar, VelandyLiftik, Joseph. Evaluation of training of alcoholism counselors. Journal of Studies on Alcohol, 1976 Sep Vol 37(9) 1236-1246.

Measured (a) the effect of training on attitudes and abilities of participants in an alcoholism counseling training program for paraprofessionals and (b) the relationship between personality characteristics and therapist effectiveness. The 14-mo program involved both didactic instruction, weekly experience groups, and pratical training in an alcoholism clinic. Data were obtained from 16 trainees (8 women and 2 Blacks) aged 24-59 yrs. On the 1st day of the program, Marcus Alcoholism Questionnaire, and the Eysenck Personaility Inventory. The same measures were administered at the end of 2 mo (before their exposure to the clinic), and again just before the end of the entire program. Counselor effectivenss was assessed in terms of the ability to retain patients in treatment. Results show that in spite of careful selection policies, considerable differences among the trainees were found in their success in keeping patients in treatment. Attitudes and personality characteristics did not alter much over the course of training. There was no overall improvement in patient retention as a result of improved clinical skills. Women, older persons, and those who were relatively introverted appeared to be more successful counselors, but being a recovered alcoholic, having a family history of alcoholism, and possessing previous experience in alcoholism treatment did not confer any advantage. (18 ref)

48. Scher, J. Marijuana as an agent in rehabilitating alcoholics. Am J Psychiatry 127(7):971-2, Jan 71.

No description Available.

49. Selzer, M.L.; Weiss, S. Alcoholism and traffic fatalities: study in futility. Am J Psychiatry 122(7):762-7, Jan 66.

No description available.

50. Shafil, M.; Lavely, R.; Jaffe, R. Meditation and the prevention of alcohol abuse. Am J Psychiatry 132(9):942-5, Sep 75.

The authors surveyed the frequency of alcohol use in individuals identified as practitioners of Transcendental Meditation (N equals 126) and a matched control group (N equals 90). No control subjects reported discontinuation of beer and wine use; 40 percent of subjects who had meditated for more than 2 years reported discontinuation within the first 6 months. After 25-39 months of meditation, this figure increased to 60 percent of the control group, had stopped drinking hard liquor. The authors suggest that meditation could be an effective preventive tool in the area of alcohol abuse.

51. Smith, R.C.; Parker, E.S.; Noble, E.P. Alcohol's effect on some formal aspects of verbal social communication. Arch Gen Psychiatry 32 (11):1395-8, Nov 75.

The effects of alcohol on formal aspects of social communication were studied by scoring transcripts of verbal discussions between dyads in alcohol and placebo sessions. At alow dose (3.83 to 1.0 ml/kg), alcohol significantly (P Less than .01) increased the amount of and overlap in communications, and tended to decrease subjects' acknowledgement of their partners' statements. At a high dose (1.5 ml/kg), the rate of overlap in speech was additionally increased, but there was a leveling off or reversal of the drug's effect on amount of communication. The subjects' blood levels were not related to the drug's effect.

52. Steinglass, P.; Wolin, S. Explorations of a systems approach to alcoholism. Clinical observations of a simulated drinking gang. Arch Gen Psychiatry 31(4):527-32, Oct 74.

No description available.

53. Steinglass, P. The simulated drinking gang: an experimental model for the study of a systems approach to alcoholism. I. Description of the model. J Nerv Ment Dis 161(2): 100-9, Aug 75.

This two-part paper deals with an experimental model for studying interactional behavior from a systems point of view. The experimental model incorporates a research strategy utilizing both a token economy and the simulation of a naturally occurring clinical phenomenon, the alcoholic drinking gang. The model is primarily geared to do two things: a) study the changes in clinical behavior that occur when experimental conditions are manipulated to facilitate the formation of the behavioral "system" as opposed to experimental conditions which interfere with system formation; and b) build into the model tasks which produce measurable performance data as a method of monitoring behavior deemed essential for the successful development of an operational system. The experimental model involved admitting up to six alcoholic individuals to a research ward specifically designed for studies utilizing experimentally induced intoxication. Each study was divided into a 7-day predrinking period, a 10- to 14-day drinking period, during which time alcohol was available to research subjects, and a 5-to 7-day withdrawal period. A token economy was established which allowed for the following essential features to be present: a) a group of chronic alcoholic individuals who desire to go through a drinking experience together; b)the pooling of resources in order to purchase alcohol; c) rules established by the group for the sharing of whatever alcohol becomes available to the group; and d) the opportunity to earn money for the purchase of additional alcohol after the initial supply runs out, in order to keep the group drinking experience going. All "Money", or tokens, could be earned only via successful performance at the Cooperative Task Device (CTD), a cooperative, two-person games, and tokens could be utilized to purchase three types of commodities from an automated dispensing machine, alcohol, cigarettes, and television time. Automated data recording provided detailed data about CTD performance and commodity-purchasing records. The discussion centers around difficulties inherent in a simulated model of natural behavior. It is pointed out that laboratory simulation vs. natural setting, as the preferred site for carrying on behavioral research, remains an active controversy, and the arguments on both sides are presented. Difficulties inherent in doing "systems" research are also discussed. A series of alternative hypotheses to explain behavior within the simulated drinking gang are listed, and the data that would be necessary in order to substantiate these alternative hypotheses are also listed. It is maintianed that the simulated drinking gang is an advantageous experimental model in that it closely approximates the basic criteria of the naturally occurring phenomenon, while at the same time allowing subjects a range of behaviors, each of which substantiates a different hypothesis about the central organizing feature in alcoholic groups.

54. Steinglass, P. The simulated drinking gang: an experimental model for the study of a systems approach to alcoholism. II. Findings and implications. J Nerv Ment Dis 161(2): 110-22, Aug 75.

Data analysis involved data from three different sources, the Cooperative Task Device (CTD), the commodity dispensing machine, and a Stephenson Brethalyzer (for blood alcohol determinations). Data were analyzed on three different levels: individaul, dyadic, and whole group. Results are presented for work performance, role performance, commodity purchase patterns, comparisons of work and purchase patterns, and correlations of work time with work efficiency and blood alcohol levels. Marked discrepancies in individual and dyadic work performance were found in all three groups and there was no relationship between chips earned and chips spent. The "drinking gangs" seemed quite willing to tolearte "freeloading" when it occurred. Role performance at the CTD was inconsistent; individuals for the most part fluctuated in their role performance rather than remaining in a stable role, e.g., leader. There was no demonstrable correlation between work levels. Lastly, dyadic formation vis-a-vis work performance showed considerable fluctuation over time. Group members did not pair off into consistent and stable dyads when playing the CTD. These findings are discussed from the point of view of the series of alternative hypotheses presented [illegible] part I. It is maintained that the data are inconsistent with all of these hypotheses, but that they do help to substantiate and are consistent with the concept of the "drinking system."

55. Sturner, W.Q. Waller, J.A. Drinking, driving and dying. N Engl J Med 284(3):160-1, 21 Jan 71.

No description available.

56. Tokuhata, G.K.; Digon, E.; Ramaswamy, K. Alcohol sales and socioeconomic factors related to cirrhosis of the liver mortality in Pennsylvania. HSMHA Health Rep 86(3): 253-64, Mar 71.

No description available.

57. Waller, J.A. High "accident" risk among middle-aged drivers and pedestrians. Geriatrics 21(12):125-37, Dec 66.

No description available.

58. Waller, J.A. Holiday drinking and highway fatalities. JAMA 206(12):2693-7, 16 Dec 68.

No description available.

59. Waller, J.A. Identification of problem drinking among drunken drivers. JAMA 200(2):114-20, 10 Apr 67.

No description available.

60. Waller, J.A. The role of alcohol in collisions involving trucks and the fatally injured. Arch Environ Health 20 (2):254-8, Feb 70.

No description available.

61. Walton, R.G. Smoking and alcoholism: a brief report. Am J Psychiatry 128(11):1455-6, May 72.

No description available.

62. Wechsler, H.; Kasey, E.H.; Thum, D.; Demone, H.W.,Jr. Alcohol level and home accidents. Public Health Rep 84(12): 1043-50, Dec 69.

No description available.

63. Wechsler, H. Marihuana, alcohol and public policy. N Engl J Med 287(10):515-6, 7 Sep 72.

No description available.

64. W.H.O. and a new perspective on alcoholism. Lancet 1(8021): 1087-8, 21 May 77.

No description available.

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PATHOLOGY OF ALCOHOL

1. Alexander, C. S.; *Electron microspopic observations in alcoholic heart disease*. Br Heart J 29(2):200-6, Mar 67

   No description available.

2. Alexander, C. S. *Idiopathic heart disease. I. Analysis of 100 cases, with special reference to chronic alcoholism*. Am J Med 41(2):213-28, Aug 66.

   No description available.

3. Alexander, C. S. *Idiopathic heart disease. II. Electron microscopic examination of myocardial biopsy specimens in alcoholic heart disease*. Am J Med 41(2):229-34, Aug 66.

   No description available.

4. Alexander; C. S.; Nagasawa, H. T. *Letter: Cardiotoxicity of alcohol.* Am Heart J 87(6):805-6, Jun 74.

   No description available.

5. *Alcohol and disease of muscles*. Br Med J 2(523):1153, 12 Nov 66.

   No description available.

6. *Alcohol and hypertension* (editorial). Lancet 2(8029):122, 16 Jul 77.

   No description available.

7. *Alcohol and hypoglycemic coma*. JAMA 206(3):639, 14 Oct 68.

   No description available.

8. *Alcohol and the blood*. Lancet 2(622):675-6, 27 Sep 69.

   No description available.

9. *Alcohol and the liver*. Lancet 2(569):670-1, 21 Sep 68.

   No description available.

10. *Alcohol and the pancreas*. Lancet 2(477):1353, 17 Dec 66.

    No description available.

11. *Alcoholic cardiomyopathy*. Br Med J 2(808):247, 29 Apr 72.

    No description available.

12. *Alcoholic cardiomyopathy*. Can Med Assoc J 97(15):929-30, 7 Oct 67.

    No description available.

13. Alcoholic cardiomyopathy. Lancet 2(513):457-8, 26 Aug 67.

No description available.

14. Alcoholic hyperlipidaemia. Lancet 2(783):928-9, 28 Oct 72.

No description available.

15. Alcoholic hypoglycaemia. Br Med J 1(590):463-4, 24 Feb 68.

No description available.

16. Alcoholic myopathy. Br Med J 3(609):6, 6 Jul 68.

No description available.

17. Alcoholic myopathy. Lancet 1(539):408, 24 Feb 68.

No description available

18. "Alcoholic" myopathy. N Engl J Med 274(23):1325-7, 9 Jun 66.

No description available.

19. Alcohol myopathy. JAMA 203(8):728, 20 May 68.

No description available.

20. Alcoholism: Need for early diagnosis. Lancet 2(731):967-8, 30 Oct 71.

No description available.

21. Allen, R. P.; Faillace, L. A.; Reynolds, D. M. Recovery of memory functioning in alcoholics following prolonged alcohol intoxication. J Nerv Ment Dis 153(6):417-23, Dec 71.

No description available.

22. Allen, R. P.; Wagman, A.; Faillace, L. A.; McIntosh, M. Electroencephalographic (EEG) sleep recovery following prolonged alcohol intoxication in alcoholics. J Nerv Ment Dis 153(6):424-33, Dec. 71.

No description available.

23. Alling, C.; Dencker, S. J.; Svennerholm, L.; Tich'y J. Serum fatty acid pattern in chronic alcoholics after acute abuse. Acta Med Scand 185(1):99-105, Jan-Feb 69.

No description available.

24. Allman, L. R.; Taylor, H. A.; Nathan, P. E. Group drinking during stress: Effects on drinking behavior, affect, and psychopathology. Am J Psychiatry 129(6):669-78, Dec. 72.

No description available.

25. Almeyda, J.; Baker, H.; Levene, G. M.; Barnardo, D.; Landells, J. W.; Methotrexate, alcohol, and liver damage. Br Med J 2(754):167, 17 Apr 71.

No description available.

26. Arky, R. A.; Veverbrants, E.; Abramson, E. A.; Irreversible hypoglycemia. A complication of alcohol and insulin. JAMA 206(3): 575-8, 14 Oct 68.

No description available.

27. Asokan, S. K.; Frank, M. J.; Witham, A.C. Cardiomyopathy without cardiomegaly in alcoholics. Am Heart J 84*1):13-8, Jul 72.

No description available.

28. Auger, C.; Chenard, J. Quebec beer-drinkers' cardiomyopathy: Ultrastructural changes in one case. Can Med Assoc J 97(15):916-11, 7 Oct 67.

No description available.

29. Augustine, J. R. Laboratory studies in acute alcoholics. Can Med. Assoc J 96(20):1367-70, 20 May 67.

No description available.

30. Auty, R. M.; Branch, R. A. Pharmacokinetics and pharmacodynamics of ethanol, whiskey, and ethanol with n-propyl, n-butyl, and iso-amyl alcohols. Clin Pharmacol Ther 22(2):242-9, Aug 77.

Plasma ethanol concentration, reaction time, and electroencephalogram (EEG) were recorded in 6 normal men after ingestion of ethanol along (Group 1), whiskey (Group 2), or a mixture of ethanol, n-propanol, n-butanol, and iso-amyl alcohol (Group 3). The peak plasma ethanol concentration and the total area under the plasma concentration:time curve of ethanol did not depend upon the type of drink given, but the half-life of the terminal exponential phase of ethanol elimination was longer in Group 3. In each study period reaction time increased, there was a relative increase in delta activity (2 to 3 Hz) and a fall in mean dominant frequency in EEG activity. The extent of increase in reaction time depended on the rate of increase in plasma ethanol concentration and correlated with the concentration of ethanol while the plasma concentration of ethanol was falling. Differences in the effects of ethanol between study periods were minimal.

31. Baekeland, F.; Lundwall, L.; Kissin, B.; Shanahan, T. Correlates of outcome in disulfiram treatment of alcoholism. J Nerv Ment Dis 153(1):1-0, Jul 71.

No description available.

32. Baillie, M.; Alcohol and the liver. Gut 12(3):222-9, Mar 71.

No description available.

33. Banner, A. S. Pulmonary function in chronic alcoholism. Am Rev Respir Dis 108(4):851-7, Oct 73.

No description available.

34. Barboriak, J. J.; Rimm, A. A.; Anderson, A. J.; Schmidhoffer, M.; Tristani, F. E. Coronary artery occlusion and alcohol intake. Br Hear J 39(3):289-93, Mar 77.

A group of over 900 patients who underwent coronary arteriography were asked about their alcohol intake. The patients who were abstainers or consumed less than an equivalent of 180 ml absolute alcohol per week had higher coronary artery occlusion scores than the group consuming more than that amount, though the latter group smoked more and hd higher plasma triglyceride levels.

35. Bashour, T. T.; Fahdul, H.; Cheng, T. O. Electrocardiographic abnormalities in alcoholic cardiomyopathy. A study of 65 patients. Chest 68(1):24-7, Jul 75.

Electrocardiograms of 65 patients with alcoholic cardiomyopathy seen over a five-year period were reviewed. ST segment and T wave abnormalities, left ventricular hypertrophy, biatrial enlargement, left atrial enlargement, premature ventricular contractions, prolonged PR interval, and left anterior hemiblock are the most frequently encountered abnormalities. A combination of left ventricular hypertrophy and biatrial enlargement with or without left anterior hemiblock is most specific, Atrial flutter or fibriliation, pathologic Q waves, and bifascicular block are not uncommon findings, while isolated right atrial or right ventricular abnormalities, and isolated posterior hemiblock or right bundle branch block are rare. Electrocardiographic changes are in general similar to those seen in any diffuse cardiomyopathy and reflect biventricular involvement.

36. Beard, J. D.; Knott, D. H. Fluid and electrolyte balance during acute withdrawal in chronic alcoholic patients. Jama 204(2):135-9, 8 Apr 68.

No description available.

37. Beevers, D. G. Alcohol and hypertension. Lancet 2(8029):114-5, 16 Jul 77.

Liver-function data were compared in 158 unselected hypertensives and 105 normotensives aged 45-64 years. Serum concentrations of alanine and aspartate aminotransferase (S.G.O.T. and S.G.P.T.) were higher, and more often raised, in the hypertensive patients. Serum bilirubin and alkaline phosphatase concentrations were similar in both groups. In hypertensive patients amonotransferase concentrations tended to be higher in those with increased alcohol intake.

38. Benjafield, J. G.; Rutter, L. F. Muscle disease in chronic alcoholism. Lancet 1(712):1292-3, 19 Jun 71.

No description available.

39. Berenyi, M. R.; Straus, B.; Avila, L. T rosettes in alcoholic cirrhosis of the liver. Jama 232(1):44-6, 7 Apr 75.

Thirty patients with alcoholic cirrhosis of the liver were studied for in vivo and in vitro correlates of cellular immunity. Seventy-seven percent failed to be sensitized to dinitrochlorobenzene, indicating impairment of the in vivo cellular immune response. A significant decrease in the number of T-rosette-forming cells was observed in this group of patients (.01 smaller than P smaller than .025). This finding suggests that the active T-rosette test is a valuable tool in detecting partial alterations in cell-mediated immunity in alcoholic cirrhosis of the liver. Our results also suggest that rosette formation is a more sensitive indicator of cell-mediated immunity than phytohemagglutinin-stimulated blastogenesis in patients with alcoholic cirrhosis of the liver.

40. Bingham notes the discovery of "a new and promising type of test" which may detect chronic alcoholism. U. S. Congress. Senate. 95th Congress, 1st sess., 1977.

No description available.

41. Bjork, J. T.; Varma, R. R.; Borkowf, H. I. Clomiphene citrate therapy in a patient with Laennec's cirrhosis. Gastroenterology 72(6):1308-11, Jun 77.

Clomiphene citrate therapy was initiated in a male with Laennec's cirrhosis complicated by gynecomastia, testicular atrophy, impotence, and loss of libido. The patient had abstained from alcohol and had stable hepatic function tests for 1 year before starting therapy. Luteinizing hormone and endogenous testosterone levels were maximally elevated with low dose therapy (50 mg per day). Follicle-stimulating hormone was maximally elevated with a dose of 100 mg per day and elevation of total estrogen levels was not affected by increasing the dose. During treatment increase in testicular size was noted with resolution of impotence and improvement of libido which continued for 6 months after cessation of therapy. Gynecomastia remained unchanged despite the increased serum testosterone. Serum prolactin was normal before and after the clomiphene citrate. Semen initially unobtainable was analyzed after completion of therapy. The patient relapsed 8 months after the course of clomiphene citrate therapy.

42. Blendis, L. M.; Leeds, A. R.; Jenkins, D. A. Letter: Incidence of alcoholic liver disease. Lancet 2(7933):499, 13 Sep 75.

No description available.

43. Blusewicz, M. J.; Dustman, R. E.; Schenkenberg, T.; Beck, E. C. Neuropsychological correlates of chronic alcoholism and aging. J Nerv Ment Dis 165(5):348-55, Nov 77.

Independent investigations of alcoholism and aging have demonstrated significant parallels between the two phenomena suggesting the possibility of "premature aging" as a result of alcoholism. To test this hypothesis a cross-sectional design was utilized with three groups of 20 male subjects: young normal (mean age 31 years), young alcoholics (mean age 33 years), and elderly normal (mean age 71 years). Eleven objective measures, selected from a battery of sensory and perceptual motor tests routinely used to evaluate cerebral dysfunction in hospitalized patients, were compared for the three groups. The results indicated a definite general decline in neuropsychological functioning with aging and suggested a similar trend with alcoholism. The tendency seen with alcoholism was least apparent with regard to fundamental sensory-motor functions and the perceptual functions of vision and audition and most apparent with regard to short term memory and abstract reasoning, i.e., higher mental processes. The results provided support for the hypothesis that chronic alcoholism causes premature aging of neuropsychological functions and possibly the brain.

44. Bonenfant, J. L.; Miller, G.; Roy, P. E. Quebec beer-drinkers' cardiomyopathy: Pathological studies. Can Med Assoc. J. 97(15):910-6, 7 Oct. 67.

No description available.

45. Brenner, Berthold. Alcoholism and Fatal Accidents. Quarterly Journal of Studies on Alcohol, 1967, 28(3), 517-528.

To study the relationship between alcoholism and accident mortality, the number of accidental deaths among 1343 San Francisco Bay Area alcoholics was compared to that expected on the basis of the age-and sex-specific death rates for area residents. The alcoholics were selected from among the alcoholic admissions during 1954-1957 to 4 alcoholism treatment facilities and were followed-up through 1961 for a total of 7289 man-yr.; 1401 of these were contributed by women; 1928 by those aged under 40; and 2651 by those over 50. Of the 1342 alcoholics, 217 died, 35 accidentally, 10 in motor vehicle accidents, 14 in falls, 6 by poisoning, and 5 in other accidents. The best estimate is that during the given period of time the alcoholics were 7 times as likely to become the of some type of fatal accident, with a rate of 480 deaths per 100,000 man-yr., compared with 69 in the whole population. The circumstances of death are discussed, and it is suggested that the elevated rate of accident mortality among alcoholics reflects not only the immediate affects of alcohol, but also their life pattern, personality, state of health, and care received when ill or injured.

46. Brenner, M. H. Trends in alcohol consumption and associated illnesses. Some effects of economic changes. Am J %ib;oc Jea;tJ 65(12):1279-92, Dec 75.

No description available.

47. Brewin, T. B. Hodgkin's disease. Lancet 1(704):857-8, 24 Apr 71.

No description available.

48. Briggs, R. L.; Liebermann, T. R.; Dyck, W. P. Alcohol and the upper gastrointestinal tract and pancreas. Postgrad Med 61(5): 176-9, May 77.

Alcohol relaxes the lower esophageal sphincter, stimulates acid secretion, and reduces the gastric mucosal barrier to hydrogen ion back-diffusion. These actions may result in esophagitis, acute gastritis, and ulcer formation. Although excessive alcohol consumption commonly produces acute and chronic pancreatitis, and pathogenesis is unclear.

49. Bruguera, M.; Bordas, J. M.; Rod'es, J. Asymptomatic liver disease in alcoholics. Arch Pathol Lab Med 101(12):644-7, Dec. 77.

Several types of histologic changes of the liver have been found in 116 of 154 chronic alcoholics who showed no symptoms of organic liver disease and were admitted to a department of psychiatry for treatment of their addiction. No relation was found either between the nature of the hepatic damage and the duration of alcoholism or with the presence of degree of clinical and biochemical disturbances. Results of clinical and biochemical examination of 55 patients with histologic abnormalities were normal, and these patients were considered as apparently healthy alcoholics. Liver biopsy specimens from 61 to 69 asymptomatic alcoholics, who had abnormalities on c linical and/or biochemical investigation, showed hepatic damage under light microscopy, but specemens from the other eight were histologically normal. Conventional liver function tests have limited value in detecting the existence and severity of liver injury, while liver biopsy specimens may reveal a large range of abnormalities in asymptomatic alcoholics.

50. Brunt, P. W.; Kew, M. C.; Scheuer, P. J.; Sherlock, S. Studies in alcoholic liver disease in Britain. I.Clinical and pathological patterns related to natural history. Gut 15(1):52-8, Jan 74.

No description available

51. Buchbinder, N. A.; Roberts, W. C. Alcoholism. An important but unemphasized factor predisposing to infective endocarditis. Arch Intern Med 132(5):689-92, Nov 73.

No description available.

52. Burch, G. E.; Ansari, A. Chronic alcoholism and carcinoma of the pancreas. A correlative hypothesis. Arch Intern Med 122(3); 273-5, Sep 68.

No description available.

53. Burch, G. E.; DePasquale, N. P. Alcoholic lung disease -- an hypothesis. Am Heart J 73(2):147-8, Feb 67.

No description available.

54. Burch, G. E.; DePasquale, N. P. Alcoholic cardiomyopathy. Am J Cardiol 23(5):723-31, May 69.

No description available.

55. Burch, G. E.; Giles, T. D. Alcoholic cardiomyopathy. Concept of the disease and its treatment. Am J Med 50(2):141-5, Feb 71.

No description available.

56. Burch, G. E.; Giles, T. D. The small coronary arteries in alcoholic cardiomyopathy. Am Heart J 94(4):471-8, Oct 77.

The small coronary arteries of two patients with alcoholic cardiomyopathy were studied by means of fine particle barium injection and soft x-ray technic. The spatial architecture of these small arteries which penetrated into the depth of the right and left ventricular myocardium were normal. Their lumina were somewhat dilated and their luminal surfaces were smooth. The "tree circulatory units" were described from this study and were found to be normal. The left ventricular myocardium was richly supplied with small arteries, whereas the myocardium of the right ventricle was not so richly supplied. The myocardium of the papillary muscles and the trabeculae carneae of the left ventricle also had a good supply of small arteries, as did the remote endocardial myocardial appendages. Numerous fine hair-like arteries extended to the epicardial myocardium of the right ventricle to form a brush-like appearance.

57. Cameron, J. L.; Zuidema, G. D.; Margolis, S. A pathogenesis for alcoholic pancreatitis. Surgery 77(6):754-63, Jun 75.

Twelve patients with prior episodes of alcoholic pancreatitis and hyperlipemia were admitted to a metabolic ward during a quiescent period. By lipid feeding (316 to 894 Gm. per day), significant hypertriglyceridemia (greater than 600 mg. per 100 ml.) was induced in 11 of the 12 patients. Seven of the 11 patients with hypertriglyceridemia developed abdominal pain similar to but not as severe as that experienced during prior attacks of pancreatitis. Four of the seven patients with abdominal pain developed serum amylase elevations, and, of the remaining three, one had a serum lipase elevation and one a urinary amylase elevation. Alcohol ingestion is known to increase serum triglyceride levels in many individuals. A prior study demonstrated that 41 percent of the patients presenting to our hospital with alcoholic pancreatitis had serum triglyceride elevations. The data from the present study suggest that increased serum triglycerides act as an important intermediary in the pathogenesis of acute pancreatitis in some alcoholic patients.

58. Carroll, F. D. Nutritional amblyopia. Arch Ophthalmol 76(3): 406-11, Sep 66.

No description available.

59. Case records of the Massachusetts General Hospital. Weekly clinicopathological excercises. N Engl J Med 290(17):955-61, 25 Apr 74.

No description available.

60. Castelli, W. P.; Doyle, J. T.; Gordon, T.; Hames, C. G.; Hjortland, M. C.; Hulley, S. B.; Kagan, A.; Zukel, W. J. Alcohol and blood lipids. The cooperative lipoprotein phenotyping study. Lancet 2(8030):153-5, 23 Jul 77.

Data from five study populations participating in the Cooperative Lipoprotein Phenotyping Study indicate strong relations between reported alcohol consumption and blood-lipids. Alcohol consumption was positively associated with high-density-lipoprotein cholesterol level in all populations (r from 0-16 to 0-30), the lipid level appearing to be a graded response even over the low levels of alcohol consumption reported. Less strong but consistently negative correlations were found with low-density-lipoprotein cholesterol. Plasma-triglycerides showed a modest positive correlation with alcohol. The five populations were those of the Albany, Evans County, Framingham, Honolulu, and San Francisco Studies.

61. Champion, H. R.; Baker, S. P.; Benner, C.; Fisher, R.; Caplan, Y. H.; Long, W. B.; Cowley, R. A.; Gill, W. Alcohol intoxication and serum osmolality. Lancet 1(7922):1402-4, 28 Jun 75.

The relation between serum osmolality and blood-alcohol was studied prospectively in 565 acute trauma patients. The two measurements were closely correlated. It is therefore possible to estimate the blood-alcohol from serum osmolality to assist in the clinical management of acutely injured patients.

62. Ciompi, L.; Eisert, M. Mortality and causes of death in alcoholics. Social Psychiatry, 1969, 4(4), 149-168.

Reports a follow-up study concerning the mortality and causes of death among 1468 alcoholics, born 1873-1897, and hospitalized in a psychiatric clinic. Statistical comparison of the 1004 cases of death with the mortality and causes of death in the general Swiss population shows a significant dimunition of 12% in women and 15% in men of the average life expectancy after 1st hospitalization. Differntiation according to diagnostic subgroups reveals particularly heavy diminution of life expectancy among severe alcoholics who had suffered from cerebral disorders, and nonsignificant differences in other subgroups with moderate alcoholism. Deaths from suicide, cirrhosis of the liver, delirium tremens, and disorders of the nervous system are significantly more frequent than in the general population. However, deaths from disorders of the circulatory system are relatively less frequent.

63. Clinicosociologic conference: Alcoholism. Am J Med 55(3): 525-34, Oct 73.

No description available.

64. Cowan, D. H.; Hines, J. D. Thrombocytopenia of severe alcoholism. Ann Intern Med 74(1):37-43, Jan 71.

No description available.

65. Cox, W. D.; Gillesby, W. J. Longitudinal pancreaticojejunostomy in alcoholic pancreatitis. Arch Surg 94(4):469-75, Apr 67.

No description available.

66. Cruz -Coke, R. Colour-blindness and alcohol addiction. Lancet 2(426):1348, 25 Dec. 65.

No description available.

67. Cruz-Coke, R.; Varela, A. Inheritance of alcoholism. Its association with colour-blindness. Lancet 2(476):1282-4, 10 Dec 66.

No description available.

68. Czaja, A. J.; Fisher, M.; Marin, G. A. Spontaneous resolution of pancreatic masses (pseudocysts?)--Development and disappearance after acute alcoholic pancreatitis. Arch Intern Med 135(4): 558-62, Apr 75.

To determine the incidence and the natural history of retroperitoneal masses complicating acute pancreatitis, 104 cases of acute alcoholic pancreatitis were evaluated prospectively for mass formation. Abdominal masses detected by physical examination and serial x-ray films of the upper portion of the gastrointestinal tract were localized to the retroperitoneum by additional contrast studies, including abdominal angiography. Nonperative management was urged only for patients with an asymptomatic mass. An abdominal mass developed in 19 patients (18%). In eight of these, it disappeared rapidly, but in 11 (11%), it persisted, and was considered to be a pancreatic pseudocyst. Eight of the 11 patients were treated nonoperatively, and the mass resolved without complication three weeks to three months after diagnosis. In three patients, a pseudocyst was confirmed at laparotomy. Exploration was justified by an unstable clinical course in only one instance. A routine surgical approach to an asymptomatic retroperitoneal mass developing after acute alcoholic pancreatitis may not be necessary in patients who are improving clinically because the mass may resolve without complication.

69. Daniell, H. W. Alcohol and stress erythrocytosis. Lancet 1(810): 999, 5 May 73.

No description available.

70. Davidson, C. S. Alcoholic hepatitis. N Engl J Med 284(24):1378, 17 Jun 71.

No description available.

71. Demakis, J. G.; Proskey, A.; Rahimtoola, S. H.; Jamil, M.; Sutton, G. C.; Rosen, K. M.; Gunnar, R. M.; Gobin, J. R. The natural course of alcoholic cardiomyopathy. Ann Intern Med 80(3):293-7, Mar 74.

No description available.

72. Demoura, M. C.; Correia, J. P.; Madeira, F. Clinical alcohol hypoglycemia. Ann Intern Med 66(5):893-905, May 67.

No description available.

73. Dickman, R. R. Research on the effects of alcohol. N Engl J Med 283(23):1293, 3 Dec 70.

No description available.

74. Distribution of alcohol in the body. Br Med J 5481:184-5, 22 Jan 66

No description available.

75. Dordoni, B.; Thompson, R. P.; Williams, R. Proceedings: 14-C-ethanol breath test in alcoholic liver disease. Gut 16(5): 400, May 75.

No description available.

76. Dott, A. B. Blood alcohol levels and intoxication. Jama 214(12): 2196, 21 Dec 70.

77. Drinking behaviours (editorial). Br Med J 2(6092):914, 8 Oct 77.

No description available.

78. Dyer, A. R.; Stamler, J.; Paul, O.; Berkson, D. M.; Lepper, M. H.; McKean, H.; Shekelle, R. B.; Lindberg, H. A.; Garside, D. Alcohol consumption, cardiovascular risk factors, and mortality in two Chicago epidemiologic studies. Circulation 56(6):1067-74, Dec 77.

Miltivariate analysis of the association at baseline between problem drinking and cardiovascular risk factors among 1,233 white male employees of the Chicago Peoples Gas Company age 40-59 showed the 38 problem drinkers with significantly higher blood pressures and ciragette consumption and significantly lower relative weights than the others. Similar analysis among 1,899 white male employees of the Hawthorne Works of the Western Electric Company in Chicago age 40-55 showed the117 men consuming 5 or more drinks per day with significantly higher blood pressures and cigarette use than the others. No significant differences were recorded between heavy drinkers and the others in serum cholesterol level. The gas company problem drinkers had significantly higher 15-year mortality rates from all causes, cardiovascular diseases, coronary heart disease, and sudden death. These differences could not be entirely explained by their blood pressure, smoking, and relative weight status. The Western Electric heavy drinkers had increased 10-year mortality rates both for all causes and non cardiovascular causes.

79. Editorial: Alcohol and the small bowel. Br Med J 1(5949):51-2, 11 Jan 75.

No description available.

80. Editorial: Alcoholic cardiomyopathy. Br Med J 4(5947):731-2, 28 Dec 74.

No description available.

81. Edmondson, H. A.; Peters, R. L.; Frankel, H. H.; Borowsky, S. The early stage of liver injury in the alcoholic. Medicine (Baltimore) 46(2):119-29, Mar 67

No description available.

82. Edwards, G. Patients with drinking problems. Br Med J 4(628): 435-7, 16 Nov 68.

No description availalbe.

83. Eichner, E. R. The hematologic disorders of alcoholism. Am j Med 54(5):621-30, May 73.

No description available.

84. Eichner, E. R.; Buchanan, B.; Smith, J. W.; Hillman, R. S. Variations in the hematologic and medical status of alcoholics. Am J Med Sci 263(1):35-42, Jan 72.

No description available.

85. Eichner, E. R.; Hillman, R. S. The evolution of anemia in alcoholic patients. Am J Med 50(2):218-32, Feb. 71

No description available.

86. Ellerbroek, W. C. Depressive tendencies, alcoholics, and bad trips. Am J Psychiatry 128(3):366, Sep 71.

No description available.

87. Emirgil, C.; Sobol, B. J. Pulmonary function in former alcoholics. Chest 72(1):45-51, Jul 77.

Pulmonary function was evaluated in 44 former alcoholics (abstinence, 0.5 to 32 years) without cardiac or specific pulmonary disease. All were members of Alcoholics Anonymous. Fourteen subjects (32 percent) were non-smokers, ex-smokers, and cigar or pipe smokers, yet 28 subjects (64) percent) had abnormal expiratory flow rates, and 17 (39 percent) had an elevated value for the ratio of the residual volume to the total lung capacity. Single-breath diffusing capacity was abnormal in seven subjects (16 percent). Of interest was the high incidence (77 percent) of obstructive phenomena among the women. This high incidence of abnormalities among both the men and women could not be attributed to previous pulmonary infection or smoking. Comparison of these patients with chronic alcoholics suggests that the obstructive component in these patients is, in part, a result of their past alcoholic intake and that it is not reversed by abstinence. On the other hand, the impairment in diffusion, which was so common in alcoholics, appears to be reversible with sobriety.

88. Emirgil, C.; Sobol, B. J.; Heymann, B.; Shibutani, K. Pulmonary function in alcoholics. Am J Med 57(1):69-77, Jul 74.

No description available.

89. Factor, S. M. Intramyocardial small-vessel disease in chronic alcoholism. Am Heart J 92(5):561-75, Nov 76.

A morphologic study of the small (50 to 200 micron) intramyocardial coronary arteries was performed. The cases chosen for study were selected from a relatively young group of patients without clinical evidence of alcoholic cardiomyopathy or pathologic evidence of large coronary artery disease, in order to evaluate alterations in the small vessels which could possibly be attributed to the chronic alcoholic state. Five basic vascular abnormalities were described. The most common alteration found in all nine cases was vascular wall edema (48 percent), followed by perivascular fibrosis (42 percent), vascular sclerosis (36 percent), subendothelial humps (13 percent), and vascular wall inflammation (11 percent). The significance and pathogenesis of these changes were discussed. Primary endothelial cell damage was proposed as a common pathogenic mechanism for all five types of vascular abnormality. It was suggested that following endothelial damage, fluid and macromolecules penetrate into the vessel wall or into the perivascular space where, by incompletely understood processes, they induce vascular wall myocytes to produce collagen, eleastin, and basemembrane-like substances. Evidence supporting this mechanism was derived from the common observation of vascular wall edema, from the occasional presence of erythrocytes and leukocytes within the vessel wall, and from experimental data in the literature. Several possible etiologic agents were implicated in the pathogenesis of endothelial and vessel wall injury. These included alcohol itself, acetaldehyde, biogenic amines, and magnesium deficiency. It is probable, however, that there are multiple etiologic factors which effect the small cardiac vessels of the chronic alcoholic. Finally, the proposal was advanced that the nonspecific pathology of the myocardium in chronic alcoholic mav be a result of ischemia secondary to disease of the small intramyocardial coronary arteries.

90. Feigenbaum, P. A.; Becker, C. E. Letter: Feminization in male alcoholics. N Engl J Med 291(17):915, 24 Oct 74.

No description available.

91 Feingold, A. O. Association of tuberculosis with alcoholism. South Med J 69(10):1336-7, Oct 76.

No description available.

92. Fernandez, D.; Rosenthal, J. E.; Cohen, L. S.; Hammond, G.; Wolfson, S. Alcohol-induced Prinzmetal variant angina. Am J Cardiol 32(2):238-9, Aug 73.

No description available.

93. Ferrans, V. J. Alcoholic cardiomyopathy. Am J Med Sci 252(1):89-104, Jul 66.

No description available.

94. Fessel, W. J. Pathogenesis of diabetic and alcoholic neuropathy. N Engl J Med 284(13):729, 1 Apr 71.

No description availalbe.

95. Fialkow, P. J.; Thuline, H. C.; Fenster, F. Lack of association between cirrhosis and the common types of color blindness. N Engl J Med 275(11):584-7, 15 Sep 66.

No description available.

96. Finer, M. J. Diphenylhydantoin for treatment of alcohol withdrawal syndromes. JAMA 215(1):119, 4 Jan 71.

No description available.

97. Finer, M. J. Diphenylhydantoin in alcohol withdrawal. JAMA 217(2):211, 12 Jul 71.

No description available.

98. Fisher, E. R.; Puntereri, A. J.; Jung, Y.; Corredor, D. G.; Danowski, T. S. Alcoholism and other concomitants of mitochondrial inclusions in skeletal muscle. Am J Med Sci 261(2):85-99, Feb 71.

No description available.

99. Fisher, R. L.; Scheuer, P. J.; Sherlock, S. Proceedings: Primary liver cell carcinoma: alcohol and chronic liver disease. Gut 15(4):343-4, Apr 74.

No description available.

100. Follender, A. B. Neurologic problems prevalent in alcoholics. Postgrad Med 61(4):166-71, May 77.

The chronic alcoholic who is fortunate enough to escape the cardiovascular, gastrointestinal, hepatic, hematologic, and other systemic effects of alcohol still has little to look forward to. Once neurologic damage has been sustained, abstinence may not result in a return of normal function.

101. Force, E.E.; Millar, J. W. Liver disease in fatal narcotism: role of chronic disease and alcohol consumption. Arch Pathol 97(3): 166-9, Mar 74.

No description available.

102. Forshaw, J. Alcoholic cirrhosis of the liver. Br Med J 4(840): 608-9, 9 Dec 72.

103. Fox, J. H.; Ramsey, R. G.; Huckman, M. S.; Proske, A. E. Cerebral ventricular enlargement. Chronic alcoholics examined by computerized tomography. JAMA 236(4):365-8, 26 Jul 76.

Computerized tomography was used to measure cerebral ventricular size in hospitalized alcoholic patients, all of whom had evidence of liver disease. Twelve alcoholic patients with neurologic symptoms such as withdrawal seizures, neuropathy, and drug overdose were included. All these patients had normal results from the mental status examinations by the time of discharge. Alcoholic patients had a much higher mean ventricular size compared to 60 control patients. One third of the alcoholics had markedly enlarged ventricles as opposed to only one of the 60 controls.

104. Fox, R. Disulfiram -- alcohol side effects. JAMA 204(3):271-2, 15 Apr 68.

No description available.

105. Friedman G. D.; Siegelaub, A. B.; Seltzer, C. C. Cigarettes, alcohol, coffee and peptic ulcer. N Engl J Med 290(9):469-73. 28 Feb 74.

106. Fulop, M.; Hoberman, H. D. Alcoholic detosis. Diabetes 24(9): 785-90, Sept 75.

Twenty-four chronic alcohol abusers hospitalized during a twenty-seven-month period were suspected of having "alcoholic ketoacidosis" because they had ketonuria or detonemia with little or no glucosuria. Twenty-one had moderate or severe ketosis, with plasma 3-hydroxybutyrate of 5.2 to 22.5 mmol/L. Fifteen of this group were not diabetic, while six were later found to have mild postprandial hyperglycemia without glycosuria. Three patients who had continued to drink until shortly before admission, though at first suspected of having alcoholic ketosis, were found to have predominant lactic acidosis, with minor elevations of plasma 3-hydroxybutyrate. In contrast to previously reported patients with "alcoholic ketoacidosis", severe acidemia was uncommon in this series. Indeed, seven patients were alkalemic, because of coexisting respiratory or metabolic alkalosis. Most patients had eaten poorly for several days (and usually longer) and had allegedly decreased their alcohol intake during that period. That history, and the usual rapid clearing of ketosis simply by treatment with solutions of glucose and NaCl, suggested that acute starvation was an important factor in the pathogenesis of this disorder. Four patients were treated with insulin and four with NaHCO3 solutions. In retrospect, the need for either of these treatments was not clear. Two of the twenty-four patients died, one from circulatory failure secondary to hemorrhage and the other from pulmonary edema, but no patient died because of ketoacidosis per se.

107. Galambos, J. T. Alcohol and liver disease. Am J Dig Dis 14(7): 477-90, Jul 69.

No description available.

108. Galambos, J. T. Natural history of alcoholic hepatitis. 3. Histological changes. Gastroenterology 63(6):1026-35, Dec 72.

No description available.

109. Gessner, P. K. Diphenylhydantoin and alcohol withdrawal. JAMA 216(5):887, 3 May 71.

No description available.

110. Gitlin, N. Zieve's syndrome and porphyrinuria in an alcoholic. Br Med J 1(636):96-8, 11 Jan 69.

No description available.

111. Goldberg, S. J.; Mendenhall, C. L.; Connell, A. M.; Chedid, A. "Nonalcholic" chronic hepatitis in the alcoholic. No source given.

Ten alcoholic patients with biopsy proved chronic active or chronic persistent hepatitis were observed. In each patient, the responsible etiological agent appeared to be ethanol. Laboratory abnormalities could be distinguished statistically from those in a group of 121 patients with alcoholic hepatitis by their higher SGPt (262 +/- 742, P is less than 0.01). However, the overlap between the groups was sufficiently large that without histological confirmation the correct diagnosis was in doubt for any given patient.

112. Goodwin, Donald W. Alcohol in suicide and homicide. Quarterly Journal of Studies on Alcohol. 1973 Mar vol. 34(1, Pt. A) 144-156.

Reviews the literature from 1825 on the association between alcohol and suicide and murder. While suicide is substantially more frequent among alcoholics than in the general population, alcoholism is more common among attempters than among suicides. Men outnumbered women alcoholics among both suicides and attempters, suicide rates were lower among black than white alcoholics, and risk of suicide declined in all alcoholics after age 50. Suicide in alcoholics seemed to be a response to loss of status, occupational role, and relationships and to occur relatively early. Suicide and alcoholism are considered as expressions of the same self-destructive instinct or of the same predisposition to depression. Although about 25% of all suicide victims (alcoholics and nonalcoholics) drink immediately before death, little is known concerning the role of intoxication in suicide. In homicide, both killer and victim commonly have been drinking, often to intoxication, immediately before the event, but few murderers are alcoholics. Most murderers apparently do not respond to drinking in a pathological way, and drinking does not seem to produce aggressive behavior except in certain social situations.

113. Goodwin, D. W. Metronidazole in the treatment of alcoholism: A negative report. Am J Psychiatry 123(10):1276-8. Apr 67.

No description available.

114. Goodwin, D. W. Two species of alcoholic "blackout". Am J Psychiatry 127(12):1665-70, Jun 71.

No description available.

115. Goodwin, D. W.; Crane, J. B.; Guze, S. B. Alcoholic "blackouts": A review and clinical study of 100 alcoholics. Am J Psychiatry 126(2):191-8, Aug 69.

No description available.

116. Goodwin, D. W.; Powell, B.; Hill, S. Y.; Lieberman, W.; Viamontes, J. Effect of alcohol on "dissociated" learning in alcoholics. J Nerv Ment Dis 158(3):198-201, Mar 74.

No description available.

117. Goodwin, D. W.; Powell, B.; Stern, J. Behavioral tolerance to alcohol in moderate drinkers. Am J Psychiatry 127(12):1651-3, Jun 71.

No description available.

118. Gould, L.; Gomprecht, R. F. Alcoholic heart disease. Geriatrics 25(7):130-2, Jul 70

No description available.

119. Gould, L.; Reddy, C. V.; Goswami, K.; Venkataraman, K.; Gomprecht, R. F. Cardiac effects of two cocktails in normal man. Chest 63(6):943-7, Jun 73.

No description available.

120. Gould, L.; Zahir, M.; DeMartino, A.; Gomprecht, R. F. Cardiac effects of a cocktail. JAMA 218(12):1799-802, 20 Dec 71.

No description available.

121. Goulston, K.; Cooke, A. R. Alcohol, aspirin, and gastrointestinal bleeding. Br Med J 4(632):664-5, 14 Dec 68.

No description available.

122. Greenwood, S. M.; Leffler, C. T.; Minkowitz, S. The increased mortality rate of open liver biopsy in alcoholic hepatitis. Surg Gynecol Obstet 134(4):600-4, Apr 72.

No description available.

123. Green, J. B. III; Trobridge, A. A. Hematologic and oncologic implications of alcoholism. Postgrad Med 61(5):149-54, May 77.

Hematologic complications of alcoholism are common. Folic acid deficiency can lead to pancytopenia. Iron-deficiency anemia, various hemolytic states, and abnormalities in both function and number of platelets can occur. There is a great deal of interest in the adverse effects of alcohol on pyridoxine (vitamin B6) and folic acid metabolism. Malignant disease often complicates alcoholism and should always be suspected.

124. Gregory, D. H.; Levi, D. F. The clinical-pathologic spectrum of alcoholic hepatitis. Am J Dig Dis 17(6):479-88, Jun 72.

No description available.

125. Gregory, P. B.; Broekelschen, P. H.; Hill, M. D.; Lipton, A. B.; Knauer, C. M.; Egger, M.; Miller, R. Complications of diuresis in the alcoholic patient with ascites: A controlled trial. Gastroenterology 73(3):534-8, Sep 77.

Forty-three patients with decompensated alcoholic liver disease and ascites of recent onset were randomized to salt and water restriction alone (control group) or to salt and water restriction plus diuretics (diuresis group). The two treatment groups were comparable in clinical findings and laboratory results. Seven patients in the control group and 5 patients in the diuresis group died during the acute illness. Weight loss was more marked and the disappearance of ascites more common in those given diuretics. A modest decrease in serum sodium and increase in serum potassium, and readily reversible elevations of blood urea nitrogen were noted in the diuresis group. Eight patients in each treatment group developed either the hepatorenal syndrome, marked electrolyte abnormalities, or encephalopathy. Diuresis can be accomplished in these critically ill patients without serious complications that can be attributed to the diuretic treatment.

126. Gross, M. M.; Begleiter, H.; Tobin, M.; Kissin, B. Changes in auditory evoked response induced by alcohol. J Nerv Ment Dis 143(2):153, Aug 66.

No description available.

127. Gunnar, R. M.; Sutton, G. C.; Pietras, R. J.; Tobin, J. R., Jr. Alcoholic cardiomyopathy. DM:1-30, Sep 71.

No description available.

128. Gyntelberg, F.; Meyer, J. Relationship between blood pressure and physical fitness, smoking and alcohol consumption in Copenhagen males aged 40-59. Acta Med Scand 195(5):375-80, May 74.

No description available.

129. Haberman, Paul W.; Baden, Michael, M. Alcoholism and Violent Death. Quarterly Journal of Studies on Alcohol, 1974, 35, 1. Part A. Mar. 221-231.

The incidence of alcoholism and of drinking prior to death was studied in 1,000 decedents, aged 18 years or over, recorded consecutively and identified by informants at the Office of the Chief Medical Examiner in New York City from 14 of Feb to 11 Apr 1972. Of the 1,000 decedents, 297 were identified as alcoholics; 73 by relatives or other informants only; 125 by the CME only; 100 by both informatns and CME. Of the 367 whose cause of death was recorded as natural, 16% were identified alcoholics; of the 166 accident victims, 25% were alcoholics; of the 105 suicides, 8.6%; of the 136 homicides, 26%; of the 94 who died of narcotism, 25%; of the 127 who died of alcoholism, 100%. Of the .sigma. decedents, 69.9% were M's, compared with 67.1% of the identified alcoholics and 76.4% of the nonalcoholics; 8.8% of the total, 10.1 and 8.2% of the alcoholics and nonalcoholics were born in Puerto Rico; 32.1, 47.1 and 26.0% were blacks; 37.9, 33.0 and 40.0% were married; 51.4, 58.9 and 48.2% were blue-collar workers. The Md ages were 49, 42 and 52. The principal activity during the past year as reported by informants was working in 40.8% of the .sigma. 30.3% of the alcoholics and 45.2% of the nonalcoholics; and drinking, doing nothing or taking drugs in 8.5, 16.5, and 5.1%. The findings confirm the high association between alcoholism or drinking and violent death and indicate the extent to which alcoholism is underreported by informats and on death certificates or is not evident from post-mortem examination.

130. Hallucinations, alcohol withdrawal, and thiamine deficiency. Lancet 1(538):350, 17 Feb 68.

No description available.

131. Hamlyn, A. N.; Brown, A. J.; Sherlock, S.; Baron, D. N. Casual blood-ethanol estimations in patients with chronic liver disease. Lancet 2(7930):345-7, 23 Aug 75.

Patients attending a clinic for diseases of the liver were tested for blood-ethanol by a gas chromatographic technique sensitive to about 5 mg/dl (1 mmol/l). Of 172 patients (51 men, 121 women) 36% gave a history of heavy drinking (greater than 80 g ethalol/day; equivalent to 8 fl oz of whiskey or 1 litre of wine) and 13% had ethanol in the bloodstream at values of 8-400 mg/dl. 42 patients (24%) had the liver-biopsy changes of alcoholic liver disease and 17 of these had ehtanol in the blood at one time or another. Nearly half (22/49) of all patients admitting heavy drinking also had detectable blood-ehtanol. In all cases but 1 where blood-ethanol was found, a drinking history was admitted on first attendance, and alcoholic liver disease was nearly always found on subsequent biopsy. Blood-ethanol and admission of drinking were most constantly found in association with alcoholic steatosis and hepatitis. Both features were less commonly present in cases of alcoholic cirrhosis. Only 1 patient of 22 with "cryptogenic" cirrhosis on biopsy was found to have both ethanol in the blood and an alcoholic history alone. The value of serial blood-ethanol estimations in the treatment of alcoholics and the detection of relapses is demonstrated. The findings confirm the relatively low frequency of alcoholism as a contributor to cirrhosis in the United Kingdom. Alcohol does not seem a major cause of cryptogenic cirrhosis. Casual blood-ethanol estimation is a useful and objective adjunct to techniques of investigating diseases of the liver.

132. Hardison, W. G.; Lee, F. I. Prognosis in acute liver disease of the alcoholic patient. N Engl J Med 275 (2):61-6, 14 Jul 66.

No description available.

133. H'artel, G.; Louhija, A.; Konttinen, A. Cardiovascular study of 100 chronic alcoholics. Acta Med Scand 185(6):507-13, Jun 69.

No description available.

134. Hayashi, T.; Stemmermann, G. N. Chronic alcoholism with pancreatitis, cirrhosis, and hyperlipemia. Zieve's syndrome, report of a case studied at necropsy. Arch Intern Med 120(4):465-71, Oct 67.

No description available.

135. Hed, R.; Nygren, A. Alcohol-induced hypoglycaemia in chronic alcoholics with liver disease. Acta Med Scand 183(6):507-10, Jun 68.

No description available.

136. Heggarty, H. J. Acute alcoholic hypoglycaemia in two 4-year-olds. Br Med J 1(691):280, 31 Jan 70.

No description available.

137. Helman, R. A.; Temko, M. H.; Nye, S. W.; Fallon, H. J. Alcoholic hepatitis. Natural history and evaluation of prednisolone therapy. Ann Intern Med 74(3):311-21, Mar 71.

No description available.

138. Hill, R. J.; Collins, W. E.; Schroeder, D. J. Influence of alcohol on positional nystagmus over 32 hour periods. Ann Otol Rhinol Laryngol 82(1):103-10, Jan-Feb 73.

No description available.

139. Hill, S. Y. Further evidence for critical flicker fusion as an objective measure of alcohol tolerance in alcoholics. J Nerv Ment Dis 161(5):345-6, Nov 75.

No description available.

140. Jackson, D. H. Letter: Alcoholic cardiomyopathy. Ann Intern Med 81(3):415-6, Sep 74.

No description available.

141. Jankowski, C.; Drum, D. E. Criteria for the diagnosis of alcoholism. Arch Intern Med 137(11):1532-6, Nov 77.

Manifestations of alcoholism in general hospital patients were studied retrospectively by review of medical records to determine their frequency of occurrence. Pathophysiological indications of alcoholism were far more commonly recorded than were behavioral or psychological changes, although most diagnostic clues were notable by their absence from a majority of the records. Optimizing the diagnostic efficacy of those features of alcoholism that did occur may require application of the methods of statistical decision making. Absence from the charts of behavioral criteria and of indications of tolerance reflects dificiencies in both patient interviewing and medical record keeping. The traditional structure of the medical history may require modification to ensure recording of these more specific manifestations. In addition, continued efforts are needed to improve the undergraduate and the direct-care education of physicians.

142. Jenkins, D. W.; Eckle, R. E.; Craig, J. W. Alcoholic ketoacidosis. JAMA 217(2):177-83, 12 Jul 71.

No description available.

143. Jewell, L. D.; Medline, A.; Medline, N. M. Alcoholic hepatitis. Can Med Assoc J 105(7):711-4 passim, 9 Oct 71.

No description available.

144. Johnston, W. D.; Ballantyne, A. J. Prognostic effect of tobacco and alcohol use in patients with oral tongue concer. Am J Surg 134(4):444-7, Oct 77.

No description available.

145. Johnstone, R. E.; Witt, R. L. Respiratory effects of ethyl alcohol intoxication. JAMA 222(4):486, Oct. 72.

No description available.

145a. Jones, B.; Parsons, O. A. Impaired abstracting ability in chronic alcoholics. Arch Gen Psychiatry 24(1):71-5, Jan 71.

No description available.

146. Jones, B.; Parsons, O. A. Specific vs generalized deficits of abstracting ability in chronic alcoholics. Arch Gen Psychiatry 26(4):380-4, Apr 72.

No description available.

147. Jones, B. M. Verbal and spatial intelligence in short and long term alcoholics. J Nerv Ment Dis 153(4):292-7, Oct 71.

No description available.

148. Kalant, H. Alcohol, pancreatic secretion, and pancreatitis. Gastroenterology 56(2):380-4, Feb 69.

No description available.

149. Kalant, H.; LeBlanc, A. E.; Wilson, A.; Homatidis, S. Sensorimotor and physiological effects of various alcoholic beverages. Can Med Assoc J 112(8):953-8, 19 Apr 75.

Effects of a standard dose of alcohol (1.3g/kg) in the form of Canadian rye whisky, Canadian beer and a sparkling table wine were compared with those of a nonalcoholic carbonated control beverage. Sixteen young male and eight female subjects, all moderate drinkers, were tested in a Latin square design.

Measurements were made on the pursuit rotor and quantitative Romberg tests, and of skin temperature, heart rate, malar flush and blood alcohol concentration during the prealcohol baseline period and at regular intervals over the 4-hour drinking period. The three alcoholic beverages produced blood alcohol curves that did not differ significantly. All three alcoholic beverages produced increasing sensorimotor impairment over time, which corresponded in degree to the increasing blood alcohol concentration. There were no significant differences between the three beverages on either the sensorimotor or physiological measures at any blood alcohol value. The results of this study indicate that the degree of impairment after alcohol ingestion in a socially relevant manner is not dependent on the type of bevarage consumes, but only on the resulting blood alcohol concentration.

150. Kallas, P.; Sellers, E. M. Blood glucose in intoxicated chronic alcoholics. Can Med Assoc J 112(5):590-2, 8 Mar 75.

Chronic alcoholics may present with hyperglycemia or hypoglycemia. Because alcohol induces glycogenolysis, chronic alcoholics usually have higher blood glucose values than do noalcoholic subjects. In a prospective study of blood glucose concentration in 201 chronic alcoholics, blood alcohol concentration, sex, weight type of beverage consumed and time since last eating were not generally associated with lower blood glucose values. The infrequency of hypoglycemia in ambulatory chronic alcoholics may reflect the relatively ready availablity of hostels, detoxification centres and hospitals in large cities. It is, however, important to be aware of the possible occurrence of hypoglycemia in chronic alcoholics, particularly when community facilities for the chronic alcoholic are not available.

151. Kannel, W. B. Coffee, cocktails and coronary candidates (editorial) N Engl J Med 297(8):443-4, 25 Aug 77.

No description available.

152. Kantor, S. Drugs and drinks. Am J Psychiatry 126(12:1798, Jun 70.

No description available.

153. Kellam, A. M.; Wesolkowski, J. M. Disulfiram implantation for alcoholism. Lancet 1(548):925-6, 27 Apr 68.

No description available.

154. Kerr, A., Jr.; Myacardopathy, alcohol, and pericardial effusion. Arch Intern Med 119(6):617-9, Jun 67.

No description available.

155. Kissin, B.; Kaley, M. M.; Su, W. H.; Lerner, R. Head and neck cancer in alcoholics. The relationship to drinking, smoking, and dietary patterns. JAMA 224(8):1174-5, 21 May 73.

No description available.

156. Klatsky, A. L; Friedman, G. D.; Siegelaub, A. B.; G'erard, M. J. Alcohol consumption and blood pressure Kaiser-Permanente Multiphasic Health Examination data. N Engl J Med 296(21):1194-200, 26 May 77.

We studied blood pressure in relation to known drinking habits of 83,947 men and women of three races (83.5 per cent white). Using health-check-up questionnaire responses, we classified persons as nondrinkers or according to usual daily number of drinks: two or fewer per day, three to five per day, or six or more per day. As compared to nondrinkers blood pressures of men taking two or fewer drinks per day were similar. Women who took two or fewer drinks per day had slightly lower pressures. Men and women who took three or more drinks per day had higher systolic pressures (P less than 10(-24) in white men, and less than 10(-12) in white women), higher diastolic pressures (P less than 10(-24) in white men, and less than 10(-6) in white women), and substantially higher prevalence of pressures greater than or equal to 160/95 mm Hg. The associations of blood pressure and drinking were independent of age, sex, race, smoking, coffee use, former "heavy" drinking, educational attainment and adiposity. The findings strongly suggest that regular use of three or more drinks of alcohol per day is a risk factor for hypertension.

157. Knott, D. H.; Beard, J. D. A study of drugs in the management of chronic alcoholism. GP 36(3):118-23, Sep 67.

No description available.

158. Knott, D. H.; Beard, J. D. Liver function in apparently healthy chronic alcoholic patients. Am J Med Sci 252(3):260-4, Sep 66.

No description available.

159. Knott, D. H.; Fink, R. D.; Beard, J. D. Unmasking alcohol abuse. Am Fam Physician 10(4):123-8, Oct 74.

No description available.

160. Knott, D. H.; Fink, R. D.; Morgan, J. C. The subacute phase of alcoholism. Am Fam Physician 15(5):108-13, May 77.

Aggressive intervention in the medical and psychosocial problems of the subacute phase of alcoholism allows the physician to assume a holistic approach to the alcohol-addicted individual and provides a basis for eventual arrest of the chronic disease. A variety of metabolic abnormalities and physiologic disorders require attention. Management of psychologic problems requires the use of rational authority, early psychotherapy, judicious short-term psychopharmacology and use of available community resources.

161. Knupfer, G. Some methodological problems in the epidemiology of alcoholic beverage usage: Definition of amount of intake.

Am J Public Health 56(2):237-42, Feb 66.

No description available.

162. Korsten, M. A.; Matsuzaki, S.; Feinman, L.; Lieber, C. S. High blood acetaldehyde levels after ethanol administration. Difference between alcoholic and nonalcoholic subjects. N Engl J Med 292(8):386-9, 20 Feb 75.

Blood actaldehyde and ethanol levels were measured in 11 subjects, six with chronic alcoholism and five nonalcoholic controls, after alcohol had been given intravenously. Despite a progressive fall in blood ethanol over a range of 54 to 33 mM/acetaldehyde did not decrease in any of the 11 subjects. The mean acetaldehyde plateau level was significantly (p less than 0.001) higher in alcoholic (42.7 plus or minus 1.2 mum) than in nonalcoholic (26.5 plus or minus 1.5 mum) subjects. When the mean blood ethanol concentration reached 24 mM, the acetaldehyde plateau ended abruptly in each subject. The ethanol concentration at which this fall of blood acetaldehyde occurred suggests desaturation of an ethanol oxidizing system other than alcohol dehydrogenase and indicates that at high ethanol blood levels, such a system contributes to ethanol oxidation. The higher acetaldehyde levels in alcoholism may result from both greater activity of this system and mitochondrial damage, and could contribute to the neurologic, hepatic and cardiac complications of alcoholism.

163. Kraml, M. Letter: A rapid test for antabuse ingestion. Can Med Assoc J 109(7):578, 6 Oct 73.

No description available.

164. Krasner, N.; Thomson, T. J.; Crean, G.; McNeil, C. Proceedings: Gastric epithelial cell turnover after acute and chronic alcohol ingestion. Gut 15(4):336, Apr 74.

No description available.

165. Lapointe, A. Quebec beer-drinkers' cardiomyopathy: Radiologcal aspects. Can Med Assoc J 97(15):905-9, 7 Oct. 67.

No description available.

166. Last, P. M.; Mykyta, L. J.; White, T. A.; Burr, M. Clinicopathological correlations in alcoholic liver diseases. Gut 10(1):80, Jan 69.

No description available.

167. Laube, H.; Norris, H. T.; Robbins, S. L. The nephromegaly of chronic alcoholics with liver disease. Arch Pathol 84(3):290-4, Sep 67.

No description available.

168. Layden, T. A.; Smith, J. W. Nonmetric pattern analysis of behavioral and biological disease symptoms in alcoholism. Arch Gen Psychiatry 28(2):246-9, Feb 73.

No description available.

169. Lee, F. I. Cirrhosis and hepatoma in alcoholics. Gut 7(1):77-35, Feb 66.

No description available.

170. Levi, G. F.; Quadri, A.; Ratti, S.; Basagni, M. Preclinical abnormality of left ventricular function in chronic alcoholics. Br Heart J 39(1):35-7, Jan 77.

Left ventricular function of a sample of subjects with chronic alcohol intake, in the form of wine, and without clinical or electrocardiographic signs of heart disease was compared with that of a sample of normal control subjects using non-invasive polygraphic recordings. The statistical analysis has shown significant prolongation of PEP, PEPI, an increase in PeP/LVET, and a shortening of LVET and LVETI in the alcoholic subjects compared with the controls. All these abnormalities may be ascribed to left ventricular malfunction.

171. Leevy, C. M.; Baker, H. Vitamins and alcoholism. Introduction. Am J Clin Nutr 21(11):1325-8, Nov 68.

No description available.

172. Leevy, C. M.; Zetterman, R. K. Alcoholic hepatitis. Am Fam Physician 13(6):60-7, Jun 76.

Alcoholic hepatitis is the precursor of cirrhosis. Susceptibility is independent of amount and duration of ethanol intake or of diet. Centrilobular hyalin, the key morphologic abnormality, sensitized lymphocytes to secrete factors which may account (in part) for necrosis, liver cell destruction, increased collagen synthesis and development of cirrhosis. Diagnosis may be facilitated by detection of alcoholic hyalin antigen (AHAg) and antibody AHAb) in serum of patients with alcoholic hepatitis. Treatment requires abstinence. Steroids have not reduced mortality rates. Measures to improve immunologic reactivity may be helpful. Persons unable to abstain should be enrolled in a surveillance group.

173. Lemere, F.; Smith, J. W. Alcohol-induced sexual impotence. Am J Psychiatry 130(2):212-3, Feb 73.

No description available.

174. Lesesne, H. R.; Fallon, H. J. Alcoholic liver disease. Postgrad Med 53(1):101-6, Jan 73.

No description available.

175. Levant, J. A.; Secrist, D. M.; Resin, H.; Sturdevant, R. A.; Guth, P. H. Nasogastric suction in the treatment of alcoholic pancreatitis. A controlled study. JAMA 229(1):51-2, 1 Jul 74.

No description available.

176. Liddon, S. C.; Satran, R. Disulfiram (Antabuse) psychosis. Am J Psychiatry 123(10):1284-9, Apr 67.

No description available.

177. Lieber, C. S. Alcohol and malnutrition in the pathogenesis of liver disease. JAMA 233(10):1077-80, 8 Sept 75.

Malnutrition is common among alcoholics because alcohol displaces protein-, vitamin-, and mineral containing foods in the diet, and chronic alcohol consumption results in maldigestion and malabsorption of essential nutrients. In addition, alcohol exerts direct toxic effects on both the liver and gut, resulting in structural alterations in the intestine and the development of fatty liver, alcoholic hepatitis, and cirrhosis. Liver injury is preceded by an adaptive phase characterized by accelerated metab olism of drugs (including ethanol), and hyperlipemia, secondary to hypertrophy and hyperactivity of the smooth endoplasmic reticulum. Side effects include enhanced hepatotoxicity of CCI4 and possibly energy wastage. Alcoholics should not be led to believe that correction or prevention of nutritional deficiency will prevent liver damage in the face of continued alcohol abuse.

178. Lieber, C. S. Hyperuricemia induced by alcohol. Arthritis Rheum 8(5):786-98, Oct 65.

No description available.

179. Lieber, C. S.; Rubin, E. Alcoholic fatty liver. N Engl J Med 280(13):705-8, 27 Mar 69.

No description available.

180. Lieber, C. S.; Spritz, N. Effects of prolonged ethanol intake in man: Role of dietary adipose, and endogenously synthesized fatty acids in pathogenesis of the alcoholic fatty liver. J Clin Invest 45(9):1400-11, Sep 66.

No description available.

181. Limas, C. J.; Guiha, N. H.; Lekagul, O.; Cohn, J. N. Impaired left ventricular function in alcoholic cirrhosis with ascites. Ineffectiveness of ouabain. Circulation 49(4):754-60, Apr 74.

No description available.

182. Lischner, M. W.; Alexander, J. F.; Galambos, J. T. Natural history of alcoholic hepatitis. I. The acute disease. Am J Dig Dis 16(6):481-94, Jun 71

No description available.

183. Lisman, S. A. Alcoholic "blackout": State dependent learning? Arch Gen Psychiatry 30(1):46-53, Jan 74.

No description available.

184. Liu, Y. K. Leukopenia in alcoholics. Am J Med 54(5):605-10, May 73.

No description available.

185. Ludwig, A.; Levine, J.; Stark, L.; Lazar, R. A clinical study of LSD treatment in alcoholism. Am J Psychiatry 126(1):59-69, Jul 69.

No description available.

186. Lundwall, L.; Baekeland, F. Disulfiram treatment of alcoholism. J Nerv Ment Dis 153(6):381-94, Dec 71.

No description available.

187. Lundy, J.; Raaf, J. H.; Deakins, S.; Wanebo, H. J.; Jacobs, D. A.; Lee, T.; Jacobowitz, D.; Spear, C.; Oettgen, H. F. The acute and chronic effects of alcohol on the human immune system. Surg Gynecol Obstet 141(2):212-8, Aug 75.

The immunologic status of 24 male patients admitted for acute alcoholic detoxification was evaluated by in vivo and in vitro parameters. In vivo reactivity, as measured by skin testing with a denovo antigen, dinitrochlorobenzene, as well as a recall antigen, tuberculin, was inact. However, both qualitative and quantitative defects were seen in vitro in the thymus-derived lymphocyte population. These defects were not seen in recovered alcoholics, that is, they appear reversible. The defects seen in the cell-mediated immunity of alcoholics may, in part, be responsible for the high incidence of head and neck cancer observed in this patient population.

188. Losowsky, M. S.; Leonard, P. J. Evidence of vitamin E deficiency in patients with malabsorption or alcoholism and the effects of therapy. Gut 8(6):539-43, Dec 67.

No description available.

189. Louth, J. Editorial: Biopsy in alcoholic liver disease. Can Med Assoc J 110(10):1121 passim, 18 May 74.

No description available.

190. Low, P. A.; Walsh, J. C.; Huang, C. Y.; McLeod, J. G. The sym-

pathetic nervous system in alcoholic neuropathy. A clinical and pathological study. Brain 98(3):357-64, Sept 75.

Tests of autonomic function were performed on 12 subjects with alcoholic neuropathy. Abnormal sweat patterns occurred in 8/8 (100 per cent) and an abnormal Valsalva ration in 2/9 (22 percent). Postural hypotension and denervation hypersensitivity were absent in all patients examined. A quantitative assessment of baroreceptor function was made. The resting heart period, heart period range and mean gain of alcoholics were within the control range. Quantitative histological studies were performed on the greater splanchnic nerves removed at autopsy in 4 alcoholic subjects. They myelinated fibre density fell within the control range. The absence of significant disturbance of blood pressure control correlates well with the absence of pathology in the greater splanchnic nerve.

191. Lowenfels, A. B.; Rohman, M.; Shibutani, K. Surgical consequences of alcoholism. Surg Gynecol Obstet 131(1):129-38, Jul 70.

No description available.

192. Ma, M. H. Ultrastructural pathologic findings of the human hepatocyte. I. Alcoholic liver disease. Arch Pathol 94(6):554-71, Dec 72.

No description available.

193. MacLaren, N. K.; Valman, H. B.; Levin, B. Alcohol-induced hypoglycaemia in childhood. Br Med J 1(691):278-80, 31 Jan 70.

No description available.

194. MacLeod, E. C.; Michaels, L. Alcohol and the blood. Lancet 2(631): 1198-9., 29 Mpv 69.

No description available.

195. Madding, G. F.; Kennedy, P. A. Chronic alcoholic pancreatitis. Treatment by ductal obstruction. Am J Surg 125(5):538-41, May73.

No description available.

196. Margolis, J.; Roberts, D. M. Frequency of skin lesions in chronic drinkers. Arch Dermatol 112(9):1326, Sep 76.

No description available.

197. Mason, P. Alcohol and disulfiram. JAMA 216(8):1349, 24 May 71.

No description available.

198. Mayer, J. Alcohol as calories. Postgrad Med 47(5):281-2, May 70.

No description available.

199. Mayfield, D.; Allen, D. Alcohol and affect: A psychopharmacological study. Am J Psychiatry 123(11):1346-51, May 67.

No description available.

200. McDonald, C. D.; Burch, G. E.; Walsh, J. J. Alcoholic cardiomyopathy managed with prolonged bed rest. Ann Intern Med 74(5): 681-91, May 71.

No description available.

201. Melgis, F. T.; Tracking difficulties and paranoid ideation during hashish and alcohol intoxication. Am J Psychiatry 133(9): 1024-8, Sep 76.

In a double-blind study using each subject as his own control, 6 normal subjects smoked 20 mg of THC within 10- and 45-minute periods ("fast" and slow" conditions, respectively). Each subject also received placebo and doses of alcohol calculated to be as intoxicating as the THC doses. In fast conditions, THC induced greated difficulties with tracking information over time, greater disruptions of self-other interpersonal perceptions, and more persecutory ideation that did alcohol or placebo. Similar but less marked differences were found in the slow conditions. As hypothesized, changes in tracking difficulties, self-other metaperspectives, and persecutory ideation were substantially and significantly correlated.

202. Mendelson, J. H. Effects of alcohol on the central nervous system. N Engl J Med 284(2):104-5, 14 Jan 71.

No description available.

203. Mendelson, J. H.; Rossi, A. M.; Bernstein, J. G.; Kuehnle, J. Propronolol and behavior of alcohol addicts after acute alcohol ingestion. Clin Pharmacol Ther 15(6):571-8, Jun 74.

No description available.

204. Mercier, G.; Patry, G. Quebec beer-drinkers' cardiomyopathy: Clinical signs and symptoms. Can Med Assoc J 97(15):884-8, 7 Oct 67.

No description available.

205. Mezey, E.; Faillace, L. A. Metabolic impairment and recovery time in acute ethanol intoxication. J Nerv Ment Dis 153(6): 445-52, Dec 71.

No description available.

206. Mihas, A. A.; Bull, D. M.; Davidson, C. S. Cell-mediated immunity to liver in patients with alcoholic hepatitis. Lancet 1 (7913):951-3, 26 Apr 75.

Mononuclear-cell responses to liver extracts were studied by a migration-inhibition assay in patients with alcoholic liver disease, viral hepatitis, chronic alcoholism without evidence of liver disease, and in healthy individuals. Patients with acute alcoholic hepatitis demonstrated liver-antigen-induced inhibition of migration (migration index (M.I) equal 0-58 plus or minus 0-08, mean plus or minus S.D.), while patients with cirrhosis, alcoholism, and acute viral hepatitis, as well as healthy volunteers, did not demonstrate such a response (M.I. 0-92 plus or minus 0-13, 0-90 plus or minus 0-10, 0-86 plus or minus 0-18, 0-99 plus or minus 0-04, respectively). It is concluded that cell-mediated immunity to normal or damaged liver tissue may act to perpetuate alcoholic hepatitis and thereby contribute to the development of cirrhosis.

207. Miller, F. J.; Maddrey, W. C.; Sheff, R. N.; Harrington, D. P.; White, R. I. Hepatic Venography and Hemodynamics in Patients with Alcoholic Hepatitis. Radiology 115(2):313-7, May 75.

Fourteen patients with alcoholic hepatitis were evaluated serially by free (FHV) and wedge (WHV) hepatic venography and corrected hepatic wedge pressure (CWP). Cardiac output was determined and liver biopsy performed before and after 30 days of medical therapy in 11 and 6 patients, respectively. The CWP and FHV correlated well with the severity of hepatitis. Sinusoidal morphology, as determined by WHV, was difficult to interpret and varied on serial studies, although there were no significant changes in the liver histology or FHV. The authors conclude that FHV and CWP are useful parameters of sth severity of alcoholic hepatitis, while WHV is helpful in determining patency and direction of blood flow in the portal vein.

208. Monson, R. R.; Lyon, J. L. Proportional mortality among alcoholics. Cancer 36(3):1077-9, Sep 75.

To test the hypothesis that there is a positive association between chronic alcoholism and carcinoma of the pancreas, the mortality experience of 1382 chronic alcoholics was studied. Analysis was limited to a comparison of observed and expected proportional mortality of different causes of death in the 894 whites who were known to have died. For carcinoma of the pancreas, 3 deaths were observed and 5.1 were expected. The observed/expected ratios for other sites of cancer, were in accordance with prior studies.

209. Morgan, M. Y.; Sherlock, S. Sex-related differences among 100 patients with alcoholic liver disease. Br Med J 1(6066):939-41, 9 Apr 77.

During 1975 we studied 100 patients -- 77 men and 23 2omen -- who had a history of alcohol abuse and disturbed liver function test results. On presentation the women were less likely to be suspected of alcohol abuse (9; 38%) than the men (59; 77%). Although the quantity of alcohol consumed and length of history of alcohol abuse were similar for men and women, the incidence.

of chronic advance liver disease was higher among women (86%) than among men (65%). Women, however, were less likely to have developed primary liver cell cancer. Overall the women had a higher incidence of other alcohol-related disorders and were less likely to stop abusing alcohol (2; 9%) than were their male counterparts (22; 29%). Women seem to be more susceptible to alcohol-related disease.

210. Morin, Y. Quebec beer-drinkers' cardiomyopathy: Hemodynamic alterations. Can Med Assoc J 97(15):901-4, 7 Oct 67.

No description available.

211. Morin, Y.; Daniel, P. Quebec beer-drinkers' cardiomyopathy: ethiological considerations. Can Med Assoc J 97(15):926-8, 7 Oct 67.

No description available.

212. Morin, Y. L.; Foley, A. R.; Martineau, G.; Roussel, J. Quebec beer-drinkers' cardiomyopathy: forty-eight cases. Can Med Assoc J 97 (15):88103, 7 Oct 67.

No description available.

213. Morrison, J. R. Bipolar affective disorder and alcoholism. Am J Psychiatry 131(10):1130-3, Oct 74.

No description available.

214. Morrison, J. R. The family histories of manic-depressive patients with and without alcoholism. J Nerv Ment Dis 160(3):227-9, Mar 75.

An investigation of family histories of bipolar affective disorder patients with and without an additional diagnosis of alcoholism showed that affective disorder was seen with equal frequency in both populations of relatives. Alcoholism was significantly more prevalent in relatives of the alcoholic probands than in the relatives of those who did not themselves have alcoholism. These data suggest that bipolar affective disorder and alcoholism may be transmitted independent of one another.

215. Muscle disease in chronic alcoholism. Lancet 1(710):1171-2, 5 Jun 71.

No description available.

216. Nadeau, G.; Milon, H. Quebec beer-drinkers' cardiomyopathy: biochemical studies. Can Med Assoc J 97(15):889-93, 7 Oct 67.

No description available.

217. Nathan, P. E.; Titler, N. A.; Lowenstein, L. M.; Solomon, P.; Rossi, A.M. Behavioral analysis of chronic alcoholism. Interaction of alcohol and human contact. Arch Gen Psychiatry 22(5):419-30, May 70.

No description available.

218. Neame, P. B.; Beck, I.; Recurrent alcoholic sideroblastosis and hepatic hemosiderosis. N Engl J Med 283(21):1173-4, 19 Nov 70.

No description available.

219. Newborg, B. Sodium-resticted diet. Sodium content of various wines and other alcoholic beverages. Arch Intern Med 123(6):692-3, Jun 69.

No description available.

220. Newton, R. W. Letter: Ventricular dysrhythmias and thioridazine in alcohol withdrawal. Br Med J 4(894):738, 22 Dec 73.

No description available.

221. Neville, N. N.; Eagles, J. A.; Samson, G.; Oson, R. E. Nutritional status of alcoholics. Am J Clin Nutr 21(11):1329-40, Nov 68.

No description available.

222. Nicholls, Peter; Edwards, Griffith; Kyle, Elspeth. Alcoholics admitted to four hospitals in England: II. General and cause-specific mortality. Quarterly Journal of Studies on Alcohol 1974 Sep Vol 35(3-A)841-855.

Analyzed causes of death of 233 male and 76 female alcoholics (Out of an original group of 678 men and 257 women) 10-15 years after their admission to 4 hospitals. The actual deaths among men were more than twice the expected rate, and more than 3 times that among women, with accidents, poisoning, violence, and suicide being the primary causes.

223. O'Brien, E. T.; Goldstraw, P. Alcoholic myopathy. Br Med J 4(686): 785-6, 27 Dec 69.

No description available.

224. O'Keefe, S. J.; Marks, V. Lunchtime gin and tonic a cause of reactive hypoglycaemia. Lancet 1(8025):1286-8, 18 Jun 77.

10 healthy young subjects drank, on three separate occasions, the equivalent of three gin and tonics containing 50 g alcohol and 60 g sucrose, gin and "Slimline" tonic containing 50 g alcohol and 0.5 g sucrose, or tonic alone containing 50 g sucrose. Their behaviour, symptoms, blood-glucose, and plasma-insulin were monitored for 5 hours. Both of the alcohol-containing drinks caused mild-to-moderate inebriation, but gin and slimline tonic had no significant effect on either blood-glucose or plasma-insulin levels. Gin and tonic provoded a greater insulinaemia and more profound reactive hypoglycaemic response than tonic alone, and in 3 of the subjects this was associated with appearance of neuroglycopenic symptoms. Alcohol-mediated reactive hypoglycaemia may contribute significantly to motor-car accidents in the late afternoon at a time when blood-alcohol levels have fallen below the legal limit.

225. Oppenheim, W. L. The "battered alcoholic syndrome". J Trauma 17 (11):850-6, Nov 77.

The Battered Alcoholic Syndrome is here defined by the presence of three or more fractures in the same individual but in differing chronological stages of healing. These may be identified either on the basis of radiographs or by history. Because only three per cent of alcoholics are of the skid-row stereotype, and because the treatment of an alcoholic may differ from that of a nonalcoholic, the recognition of this syndrome is of value in the initial and long-term management of such individuals. In 100 consecutive fracture patient admissions at Harborview Medical Center the incidence of this syndrome in Seattle was eight per cent of fracture patients admitted to the hospital; 62% of patients with a third discrete fracture were alcoholics. Etiologic factors which may play a role in its development include greater exposure to trauma, psychologic predisposition, nutritional depletion, and the direct toxic effects of alcohol itself.

226. O'Reilly, R. A. Interaction of sodium warfarin and disulfiram (antabuse) in man. Ann Intern MED 78(1):73-6, Jan 73.

No description available.

227. Orkin, L. R.; Chen, C. H. Addiction, alcoholism, and anesthesia. South Med J 70(10):1172-4, 182, Oct 77.

The two major groups of drug abusers are hard drug addicts and alcoholics. Pulmonary disease and hepatic dysfunction are common in both groups. Choice of anesthetic agents for drug abusers centers around associated illnesses and their severity. The alcoholic often needs vitamin therapy and sedation, but attempting to change drug havits in the face of an acut illness is dangerous. An organized plan of approach is more important than choice of therapeutic agent.

228. Oster, J.R.; Hotchkiss, J. L.; Carbon, M.; Vaamonde, C. A. Abnormal renal acidification in alcoholic liver disease. J Lab Clin Med 85(6):987, 1000, Jun 75.

After ingestion of 150 mEq. of calcium chloride (CaCl-2), urinary acidification was studied for 6 hours in 22 normokalemic patients with alcoholic liver disease (L) of varying severity, and in 7 control (C) subjects during 10 studies. The degree of the induced systemic acidosis was similar in all groups. Nine L patients were unable to normally lower urine pH below 5.25 (L-I) and these were compared with the 13 L patients achieving lower pH (L-II) and with control subjects. This defect was consistently reproduced. Titratable acid excretion was less in L-I than in the other groups. The percentage contribution of ammonium to maximal net acid excretion was significantly higher in L-I and L-II than in C. No L-I patient had spontaneous metabolic acidosis, nor was there evidence of encephalopathy or of proximal tubular dysfunction. Sodium excretion was significantly lower in L-I than in either L-II or C. Sodium sulfate and sodium phosphate infused after acid-loading rapidly reduced urine pH into the appropriately acidic range in L-I patients with alcoholic liver disease by means of a simple, safe, and short acid-loading test. Although the mechanism of this renal tubular acidfying defect remains unknown a low distal delivery of sodium by limiting the transtubular potential differency may have been partially responsible.

229. Packard, R. C. The neurologic complications of alcoholism. Am Fam Physician 14(3):111-5, Sep 76.

Neurologic complications may appear before the primary disease, alcoholism, is recognized. The common syndromes are polyneuropathy, the withdrawal syndrome and the combination of Wernicke's encephalopathy and Korsakoff's psychosis. Other conspicuous clinical pictures include ataxia of cerebellar origin, convulsions, acute hallucinosis, myopathy and coma. Rarer disorders are Marchiafava-Bignami disease and central pontine myeliolysis.

230. Pande, N. V.; Resnick, R. H.; YEE, W.; Eckardt, V. F.; Shurberg, J. L. Cirrhotic portal hypertension: Morbidity of continued alcoholism. Gastroenterology 74(1):64-9, Jan 78.

The morbidity of continued alcoholism was examined among 172 cirrhotic patients participating in controlled trials of portacaval shunts. Of 159 surviving more than 30 days, 76 continued drinking (group A), 68 became abstinent (group B), and 15 (group C) were chronically institutionalized (without potential access to alcohol). The mean number of days in hospital post-randomization and prevalence of bleeding varices, ascites, and encephalopathy were similar for A and B (P greater than 0.05 for each comparison). Jaundice at hospital readmission, however, occurred in 50% of group A but in only 28% of B (P less than 0.01). Mortality and complication rates were substantially greater in C than in A or B, emphasizing the significance of progressive liver disease in institutionalized patients. Although continued alcoholism was associated with recurrent jaundice, a major impact on other criteria of morbidity was not demonstrated.

231. Parker, B. M. The effects of ethyl alcohol on the heart. JAMA 228 (6):741-2, 6 May 74.

No description available.

232. Parker, E. S.; Alkana, R. L.; Birnbaum, I. M.; Hartley, J. T.; Noble, E. P. Alcohol and the disruption of cognitive processes. Arch Gen Psychiatry 31(6):824-8, Dec 74.

No description available.

233. Patek, A. J., Jr.; Toth, I. G.; Saunders, M. G.; Castro, G.A.; Engel, J. J. Alcohol and dietary factors in cirrhosis. An epidemiological study of 304 alcoholic patients. Arch Intern Med 135(8):1053-7, Aug 75.

Alcohol intakes and dietary habits of 304 alcoholic, hospitalized patients were evaluated. There were 195 patients with hepatic cirrhosis, 40 precirrhotics, and 69 noncirrhotics. Alcohol contributed 50% to 58% of total calories. Two thirds of the patients drank excessively for more than 20 years. There were no statistically significant differences between the three groups in the duration or degree of alcohol excess. Dietary intakes were assessed for a period of at least two years before the presenting illness. Noncirrhotics had higher food caloric intakes and higher protein intakes than the cirrhotics (P less than .05). The findings suggest that dietary factors may be involved in the pathogenesis of the disease.

234. Pathophysiological factors in the etiology of alcoholism. Can Med Assoc J 97(10):542-4, 2 Sep 67.

No description available.

235. Patterson, V. H.; Boddie, H. G. Anterior tribial compartment syndrome associated with alcohol abuse. Br Med J 1(6056):269-70, 29 Jan 77.

No description available.

236. Pell, S.; D'Alonzo, C. A. The prevalence of chronic disease among problem drinkers. Arch Environ Health 16(5):679-84, May 68.

No description available.

237. Penick, S. B.; Carrier, R. N.; Sheldon, J. B. Metronidazole in the treatment of alcoholism. Am J Psychiatry 125(8):1063-6, Feb 69.

No description available.

238. Perkoff, G. T.; Hardy, P.; Valez-Garcia, E. Reversible acute muscular syndrome in chronic alcoholism. N Engl J Med 274(23):1277-85, 9 Jun 66.

No description Available.

239. Persky, H.; O'Brien, C. P.; Fine, E.; Howard, W. J.; Khan, M. A.; Beck, R. W. The effect of alcohol and smoking on testosterone function and aggression in chronic alcoholics. Am J Psychiatry 134(6):621-5, Jun 77.

Forty alcoholics without other significant medical or psychiatric problems were studied on a research ward for two weeks. All subjects abstained from alcohol and cigarettes during the first week; 30 randomly selected subjects were permitted unlimited alcohol and/or cigarettes during the second week. Plasma testosterone levels were normal during the first week but decreased rapidly and significantly in those subjects allowed alcohol. A variety of measures of affect failed to show a significant correlation between hostility/agression and plasma testosterone levels or alcohol ingestion.

240. Pinals, R. S. Changing pattern of alcoholic liver disease. Br Med J 2(6092):958, 8 Oct 77.

No description available.

241. Pirola, R. C.; Bolin, T. D.; Davis, A. E. Does alcohol cause duodenitis? Am J Dig Dis 14(4):239-44, Apr 69.

No description available.

242. Popper, H. Editorial: Alcoholic hepatitis -- an experimental approach to a conceptual and clinical problem. N Engl J Med 290 (3):159-60, 17 Jan 74.

No description available.

243. Popper, H.; Davidson, C. S.; Leevy, C. M.; Schaffner, F. The social impact of liver disease. N Engl J Med 281(26):1455-8, 25 Dec 69.

No description available.

244. Powell, W. J., Jr.; Klatskin, G. Duration of survival in patients with Laennec's cirrhosis. Am J Med 44(3):406-20, Mar 68.

No description available.

245. Priest, R. G.; Binns, J. K.; Kitchin, A. H. Electrocardiogram in alcoholism and accompanying physical disease. Br Med J 5501:1453-5. 11 Jun 66.

No description available.

246. Ranek, L.; Buch, Andreasen, P. Disulfiram hepatotoxicity. Br Med J 2(6079):94-6, 9 Jul 77.

No description available.

247. Raskin, N. H. Editorial: Alcoholism or acetaldehydism? N Engl J Med 292(8):422-3, 20 Feb 75.

No description available.

248. Rawson, R. A.; Lipscomb, W. R.; Roxynko, J. Acute delirium in amitriptyline-perphanazine therapy of alcoholism. Clin Toxicol 4(1): 5-10, Mar 71.

No description available.

249. Rees, L. H.; Basser, G. M.; Jeffcoate, W. J.; Goldie, D. J.; Marks, V. Alcohol-induced pseudo-Cushing's syndrome. Lancet 1(8014): 726-8, 2 Apr 77.

In 4 patients corticosteroid hypersecretion associated with excessive intake of alcohol led initially to an erroneous diagnosis of Cushing's syndrome. If diagnostic errors are to be avoided, a history of alcohol intake should always be sought in a patient in whom the diagnosis of Cushing's syndrome is emtertaomed. The abnormalities of pseudo-Cushing's syndrome revert to normal on ethanol withdrawal.

250. Regan, T. J. Ethyl alcohol and the heart. Circulation 44(5): 957-63, Nov 71.

No description available.

251. Regan, T. J.; Levenson, G. E.; Oldewurtel, H. A.; Frank, M. J.; Weisse, A. B.; Moschos, C. B. Ventricular function in noncardiacs with alcoholic fatty liver: Role of ethanol in the production of cardiomyopathy. J Clin Invest 48(2):397-407, Feb 69.

No description available.

252. Reilly, D. H.; Sugerman, A. A. Conceptual complexity and psychological differentiation in alcoholics. J Nerv Ment Dis 144(1): 14-7, Jan 67.

No description available.

253. Resnick, R. H. Letter: Alcohol abstinence in advanced liver cirrhosis with portal hypertension. Lancet 1(848):138, 26 Jan 74.

No description available.

254. Resnick, R. H.; Iber, F. L. Treatment of acute alcoholic hepatitis. Gut 13(1):68-73, Jan 72.

No description available.

255. Reynolds, T. B. Good news for drinkers -- or is it? (Editorial). Gastroenterology 74(1):153-4, Jan 78.

No description available.

256. Reynolds, T. B.; Edmonson, H. A. Alcoholic hepatitis. Ann Intern Med 74(3):441-2, Mar 71.

No description available.

257. Reynolds, T. B.; Hidemura, R.; Michel, H.; Peters, R. Portal hypertension without cirrhosis in alcoholic liver disease. Ann Intern Med 70(3):497-506, Mar 69.

No description available.

258. Rickets, H. T. Hyperlipemia and alcoholic cirrhosis. JAMA 225 (12):1529, 17 Sep 73.

No description available.

259. Ripley, Herbert S. Suicidal behavior in Edenburgh and Seattle. American Journal of Psychiatry 1973 Sep Vol. 130(9), 995-1001.

Compared the suicidal behavior of 121 patients in Seattle with 100 patients in Edinburgh, Scotland, on the basis of data obtained from vital statistics and interviews. There were many similarities between those making attempts in the 2 places, but marked differences were observed in the method used and in the incidence of alcoholism and drinking at the time of the act. Psychosocial characteristics of Edinburgh are identified that might account for its having a lower suicide rate than Seattle. These included a lower incidence of alcoholism, a more integrated and less mobile society, a smaller percentage of foreign-born and racial minorities, and a cultural tradition of more controlled and less violent behavior. Moreover, the less lethal method of drug overdose was more often used in Edinburgh than in Seattle.

260. Ritzler, B. A.; Strauss, J. S.; Vanord, A.; Kokes, R. F. Prognostic implications of various drinking patterns in psychiatric patients. Am J Psychiatry 134(5):546-9, Mar 77.

The authors examined the drinking patterns of 198 first admission nonalcoholic psychiatric patients to determine the relationship among drinking behavior, severity of pathology, and prognosis. Heavy drinking in the psychiatric sample was not associated with increased levels of pathology and poor prognosis. To the contrary, among these nonalcoholic patients the abstainers and occasional drinkers showed the most severe pathology and poorest prognosis of all drinking groups.

261. Rose, H. D.; Golbert, T. M.; Sanz, C. J.; Leitschuh, T. H. Fever during acute alcohol withdrawal. Am J Med Sci 260(2):112-21, Aug 70.

No description available.

262. Rothstein, E. Safety of disulfiram (antabuse). N Engl J Med 286 (3):162, 20 Jan 72.

No description available.

263. Rothstein, E. Use of disulfiram (Antabuse) in alcoholism. N Engl J Med 283(17):936, 22 Oct 70.

No description avaialable.

264. Rothstein, E.; O'Keeffe, A. Combined use of lithium and disulfiram. N Engl J Med 285(4):238, 22 Jul 71.

No description available.

265. Rubenstein, A. E.; Wainapel, S. F. Acute hypokalemic myopathy in alcoholism. A clinical entity. Arch Neurol 34(9):553-5, Sep 77.

Two cases of an acute myopathy without muscle pain, tenderness, or swelling are described in alcoholic patients. Both were associated with severe hypokalemia and were largely reversible with potassium repletion. Hypokalemia may be the cause of some cases of acute myopathy in alcoholism, particularly those in which muscle cramps are absent.

266. Rubin, E.; Lieber, C. S. Alcohol-induced hepatic injury in non-alcoholic volunteers. N Engl J Med 278(16):869-76, 18 Apr 68.

No description available.

267. Rubin, E.; Lieber, C. S. Early fine structural changes in the human liver induced by alcohol. Gastroenterology 54(4):Suppl:753-4, Apr 68.

No description available.

268. Ruprecht, A. L. Alcoholism: denial and the physician. Postgrad MED 47(4):165-71, Apr 70.

No description available.

269. Rushing, William A. Suicide and the interaction of alcoholism (Liver Cirrhosis) with the social situation. Quarterly Journal of Studies on Alcohol, 1969, 30, 1, Mar. 93-103.

No description available.

270. Rutherford, W. H. Diagnosis of alcohol ingestion in mild head injuries. Lancet 1(8020):1021-3, 14 May 77.

42 percent of a consecutive series of patients with mild head injuries with concussion were found to have positive blood-alcohol tests. There were errors in the clinical diagnosis of alcohol ingestion among patients with both positive and negative blood-alcohols. Medicolegal questions have so dominated the problems of diagnosing alcohol ingestion as to prevent doctors considering its clinical importance. The value of a laboratory test giving an immediate reading is emphasised.

271. Ryback, R. S. Memory, alcohol, and the law. JAMA 213(9):1497-8, 31 Aug 70.

No description available.

272. Sargent, A. U.; Rose, B. Quebec beer-drinkers' cardiomyopathy: Immunochemical studies. Can Med Assoc J 97(15):922-3, 7 Oct 67.

No description available.

273. Sarles, H.; Lebreuil, G.; Tasso, F.; Figarella, C.; Clemente, F. Devaus, M. A.; Fagonde, B.; Payan, H. A comparison of alcoholic pancreatitis in rat and man. Gut 12(5):377-88, May 71.

No description available.

274. Schapiro, H.; Wrible, L. D.; Britt, L. G. The possible mechanism of alcohol in the production of acute pancreatitis. Surgery 60(5):1108-11, Nov 66.

No description available.

275. Scheig, R. Effects of ethanol on the liver. Am J Clin Nutr 23 (4):467-73, Apr 70

No description available.

276. Scher, J. Disulfiram therapy in alcoholism. JAMA 204(3):272, 15 Apr 68.

No description available.

277. Schmidt, W.; DeLint, J. Mortality experiences of male and female alcoholic patients. Quarterly Journal of Studies on Alcohol 1969, 30(1-A), 112-118.

Age-controlled general and cause-specific mortality was tabulated for a sample of 5395 men and 1119 women admitted to a clinic. Neither sex nor age influenced the overall risk of death. It is suggested that women only appear more abnormal than men to clinicians because they are deviating more drastically from the social norms.

278. Schmidt, Wolfgang; deLint, Jan. Causes of death of alcoholics. Quarterly Journal of Studies on Alcohol 1972 Mar vol. 33(1-A) 171-185.

Analyzes general and cause-specific mortality of 6,478 alcoholics (1,119 women) treated at a Canadian clinic during 1951-1964. The ratio of observed to expected deaths from all causes in men and women was 2.02 and 3.19, respectively. The ratios in men aged 35-39 and 40-44 were 3.63 and 4.17, compared with 2.04 and 1.50 in those aged 55-59 and 60-64; in women the ratios were 6.84, 8.72, 3.29, and 1.00, respectively. Within the 1st yr after admission 71 died, compared with 40-56 in each of the next 5 yrs. The excess mortality was attributed in the certificates mainly to cancer of the upper-digestive and respiratory organs (ratio in men, 2.79, in women, 1.88), to alcoholism (24.00, 33.33), to arteriosclerotic heart disease (1.74, 4.10), to pneumonia (3.07, 7.14), to liver cirrhosis (11.49, 25.00), to peptic ulcer (3.55, 6.66), to accident (2.52, 12.40), and to suicide (6.02, 8.69). The higher than expected death rates from these causes are discussed with particular reference to the drinking behavior, smoking habits, emotional states, and life styles typical of alcoholics.

279. Schmidt, Wolfgang; deLint, Jan. The mortality of alcoholic people. Alcohol Health and Research World, 1973 Sum Experimental Issue 16-20.

Describes the excess mortality observed in a sample of alcoholic patients, identifies the causes of death, and estimates for the province of Ontario, the excess mortality attributable to alcoholism. Findings suggest that alcoholism is associated with a high rate of somatic disease, accidents, and suicide. Statistics from a follow-up study compary alcoholism in men and women and indicate the specific diseases that presumably lead to death in alcoholics.

280. Schwartz, L.; Sample, K. A.; Wigle, D. E. Severe alcoholic cardiomyopathy reversed with abstention from alcohol. Am J Cardiol 36(7):963-6, Dec 75.

In a chronic alcoholic with a severe congestive cardiomyopathy the angiographic and hemodynamic evidence of left ventricular dysfunction was completely reversed after 1 year of abstinence. At the time of initial presentation two of the traditional hallmarks of a poor prognosis were present, namely, a long exposure to alcohol before the onset of symptoms and severe diffuse left ventricular dilation and hypokinesis (ejection fraction 14.9 percent). Yet, today 18 months later he is asymptomatic, receiving no medications and has normal left ventricular function. A reexamination of prognostic factors in alcoholic cardiomyopathy may be indicated.

281. Searle, C. W. Patients with drinking problems. Br Med J 4(629): 513. 23 Nov 68.

No description available.

282. Selzer, M. L. The Michigan alcoholism screening test: The quest for a new diagnostic instrument. Am J Psychiatry 127(12):1653-8, Jun 71.

No description available.

283. Semer, J. M.; Friedland, P.; Vaisberg, M.; Greenberg, A. The use of metronidazole in the treatment of alcoholism: A pilot study. Am J Psychiatry 123(6):722-4, Dec 66.

No description available.

284. Senior, J. R. Ethanol and liver disease. Postgrad Med 41(1): 65-71, Jan 67.

No description available.

285. Sereny, G. Effects of alcohol on the electrocardiogram. Circulation 44(4):558-64, Oct 71.

No description available.

286. Severe cardiac failure in a chronic alcoholic. Am J Med 54(2): 211-21, Feb 73.

No description available.

287. Seymour, C. A.; Neale, G.; Peters, T. J. Proceedings: Hepatic enzyme changes in alcoholic liver disease. Gut 16(10):839-40, Oct 75.

No description available.

288. Shanoff, H. M. Alcoholic cardiomyopathy: An introductory review. Can Med Assoc J 106(1):55-62, 8 Jan 72.

No description available.

289. Shurtliff, L. F.; Ajax, E. T.; Englert, E., Jr.; D'Agostino, A. N. Central pontine myelinolysis and cirrhosis of the liver. A report of four cases. Am J Clin Pathol 46(2):239-44, Aug 66.

No description available.

290. Silberfarb, P. M. Recognizing alcoholism early by physical signs. Postgrad Med 59(4):79-81, Apr. 76.

It is hoped that by being alert to clues easily seen on simple inspection, physicians will be more confident in uncovering hidden alcoholism or at least will pursue further any indications in the patient's behavior or history that might lead to early diagnosis and hence to treatment.

291. Singer, K.; Lundberg, W. B. Ventricular arrhythmias associated with the ingestion of alcohol. Ann Intern Med 77(2):247-8, Aug 72.

No description available.

292. Singh, T. Anorexia nervosa and chronic alcoholism. Br Med J 3(665):301, 2 Aug 69.

No description available.

293. Sirtori, C. R.; Agradi, E.; Mariani, C.; Canal, N.; Frattola, L. Alcoholic hyperlipidaemia. Lancet 2(781):820-1, 14 Oct 72.

No description available.

294. Sorrell, M. F.; Leevy, C. M. Lymphocyte transformation and alcoholic liver injury. Gastroenterology 63(6):1020-5, Dec 72.

No description available.

295. Smith, J. W. Medical management of acute alcoholic intoxication. GP 38(6):89-93, Dec 68.

No description available.

296. Smith, J. W.; Burdick, J. A. Sleep disturbances in alcoholism. Am Fam Physician 5(1):95-8, Jan 72.

No description available.

297. Smith, J. F.; Lucie, N. P. Alcohol -- a cause of stress erythrocytosis? Lancet 1(804):637-8, 24 Mar 73.

No description available.

298. Steer, P.; Mernell, R.; Werk, E. E. Jr. Clinical alcohol hypoglycemia and isolated adrenocorticotrophic hormone deficiency. Ann Intern Med 71(2):343-8, Aug 69.

No description available.

299. Steroids in alcoholic hepatitis. Ann Intern Med 75(2):318-20, Aug 71.

No description available.

300. Straus, B.; Berenyi, M. R.; Huang, J. M.; Straus, E. Delayed hypersensitivity in alcoholic cirrhosis. Am J Dig Dis 16(6):509-16, Jun 71.

No description available.

301. Straus, R. Alcohol abuse and physicians' responsibility. Arch Intern Med 137(11):1513-4, Nov 77.

No description available.

302. Su, C. K.; Patek, A. J., Jr. Dupuytren's contracture. Its association with alcoholism and cirrhosis. Arch Intern Med 126(2):278-81, Aug 70.

No description available.

303. Svoboda, D. J.; Manning, R. T. Chronic alcoholism with fatty metamorphosis of the liver. Mitochondrial alterations in hepatic cells. Am J Pathol 44(4):645-62, Apr 64.

No description available.

304. Swan, K. G.; Vidaver, R. M.; Lavigne, J. E.; Brown, C. S. Acute alcoholism, minor trauma and "shock". J Trauma 17(3):215-8, Mar 77.

No description available.

305. Tamerin, J. S.; Weiner, S.; Poppen, R.; Steinglass, P.; Mendelson, J. H. Alcohol and memory: Amnesia and short-term memory function during experimentally induced intoxication. Am J Psychiatry 127(12):1659-64, Jun 71.

No description available.

306. Tarter, R. E. An analysis of cognitive deficits in chronic alcoholics. J Nerv Ment Dis 157(2):138-47, Aug 73.

No description available.

307. Tarter, R. E.; Schneider, D. U. Blackouts: Relationship with memory capacity and alcoholism history. Arch Gen Psychiatry 33(12):1492-6, Dec 76.

Male alcoholic inpatients with a high incidence of memory blackouts did not differ on several memory measures from subjects with a low incidence of blackouts. Alcoholism chronicity also did not differentiate between subjects on the Wechsler Memory Scale, tests of storage and decay of a memory trace, and maintenance of a concept along a temporal continuum. A history of blackouts was, however, related to drinking pattern. High-incidence subjects reported a significantly greater frequency of drinking to intoxication or until falling asleep, craving a drink, and increased tolerance to alcohol.

308. Taskar, P. K.; Senecal, N. Quebec beer-drinkers' cardiomyopathy: Dietary assessment of patients. Can Med Assoc J 97(15):924-5, 7 Oct 67.

No description available.

309. Terris, M. Epidemiology of cirrhosis of the liver: National mortality data. Am J Public Health 57(12):2076-88, Dec 67.

No description available.

310. Terris, M. Letters to the editor: Alcoholism. Am J Public Health 59(11):1980-2, Nov 69.

No description available.

311. Territo, M. C.; Tanaka, K. R. Hypophosphatemia in chronic alcoholism. Arch Intern Med 134(3):445-7, Sep 74.

No description available.

312. Tetu, A.; Samson, M. Quebec beer-drinkers' cardiomyopathy: Electrocardiographic study. Can Med Assoc J 97(15):893-900, 7 Oct 67.

No description available.

313. The mystery of the Quebec beer-drinkers' cardiomyopathy. Can Med Assoc J 97(15):930-1, 7 Oct 67.

No description available.

314. The taking of blood samples to test for intoxication. Clin Toxicol 3(2):301-6, Jun 70.

No description available.

315. Tobin, J. R., Jr.; Driscoll, J. F.; Lim, M. T.; Sutton, G. C.; Szanton, P. E.; Gunnar, R. M. Primary myocardial disease and alcoholism. The clinical manifestations and course of the disease in a selected population of patients observed for three or more years. Circulation 35(4):754-64, Apr 67.

No description available.

316. Tong, J. E.; Leigh, G. A comment on critical flicker fusion as an objective measure of alcohol tolerance by alcoholics. J Nerv Ment Dis 161(5):343-4, Nov 75.

A previous paper reported that for alcoholics the threshold for critical flicker fusion is relatively unchanged by the ingestion of alcohol and concluded therefore that the technique could be used to indicate tolerance to alcohol. The present paper urges caution in this respect owing to the evidence that clinical subjects frequently adopt more cautious response strategies than normals with psychophysical procedures. Reports are also reveiwed which indicate that alcoholics consume more tobacco than normals and that the stimulant effect of nicotine could antagonize the depressant effect of alcohol on CFF.

317. U. S. Congress. House. Food Stamp Program. 77-2329. 94th Congress, 2nd Session. 1976.

Hearings to consider pending legislation to amend the Food Stamp Act of 1964. Focuses on bill provisions to: eliminate non-needy participation: equalize treatment of all similar household sizes and income levels: simplify administration and certification procedures: prevent program abuses: revise eligibility requirements; establish national standard deduction formula; remove strikers' eligibility for food stamps; and eliminate food stamp purchase requirement.

318. U. S. Congress. Senate. National Nutrition Policy Study -- 1974. Part 6: Nutrition and Health. 13620(75). 93rd Cong., 2nd Sess. 1974.

Continuation of hearings to receive reports of panels comprising the National Nutrition Policy Study. In this volume witnesses focus on report and recommendations of the Panel on Nutrition and Health dealing with the role of nutritional factors in the following health problems: coronary heart disease, diabetes mellitus, hypertension, liver disease, alcoholism, cholesterol gallstone formation, oral health, anemia, reproduction and family planning, infant and child health, aging, cancer, and obesity.

319. Van Epps, E. E.; Strickland, R. G.; Williams, C. R. Inhibitors of leukocyte chemotaxis in alcoholic liver disease. Am J Med 59 (2):200-7, Aug 75.

Twenty-one of 42 patients (50 per cent) with alcoholic liver disease showed serum chemotactic inhibitory activity (CIA). CIA was not related to any single biochemical or histologic feature in the patients studied. The frequency of CIA was greatest in those with active infection. Serial studies demonstrated that CIA may be a transient phenomenon, associated with active alcoholic liver disease or appearance of infection. Nine of 15 patients showed skin test anergy; CIA was present in 8 of these 9 patients. Serum immunoglobulin A (IgA) and G

(IgG) concentrations were significantly higher in patients with CIA when compared to those without CIA. Sucrose density gradient centrifugation of serums showing CIA yielded three peaks of inhibitory activity. Two had sedimentation coefficients of 10.7S and 6.8S, and the third was approximately 3S. The two higher molecular weight inhibitors were predominant in the 50 per cent ammonium sulfate precipitate. Immunoabsorption by anti-IgA but not by anti-IgG or IgM columns removed the ammonium sulfate precipitable chemotactic inhibitors. The appearance of chemotactic inhibitors in patients with alcoholic liver disease may have relevance to their apparent susceptibility to serious infections.

320. Van Waes, L.; Lieber, C. S. Early perivenular sclerosis in alcoholic fatty liver: An index of progressive liver injury. Gastroenterology 73(4Pt 1):646-50, Oct 77.

Alcoholic steatosis was associated with sclerosis around the terminal hepatic venules in liver biopsies of 40% of chronic alcoholics but not in those of moderate drinkers. To determine whether this sclerosis could be a precursor lesion of cirrhosis, controlled studies were performed in animal models. In the alcohol-fed baboons that developed fibrosis or cirrhosis, progressive perivenular sclerosis invariable started at the fatty liver stage before or even more commonly in the absence of alcoholic hepatitis. No sclerosis occurred in controls or in alcohol-fed baboons and rats that did not progress beyond the fatty liver stage. The clinical and experimental data indicate that sclerosis around the terminal venules, a common but often overlooked complication of alcoholic fatty liver, reflects heavy prolonged drinking, and may identify those patients who are susceptibe to develop the more advanced lesions of alcoholic liver injury upon continued drinking.

321. Van Theil, D. H.; Lester, R. Editorial: Sex and alcohol. N Engl J Med 291(5):251-3, 1 Aug 74.

No description available.

322. Van Thiel, D. H.; Lester, R. Therapy of sexual dysfunction in alcohol abusers: A Pandor's box (editorial). Gastroenterology 72(6):1354-6, Jun 77.

No description available.

323. Van Thiel, D. H.; Lester, R.; Sherins, R. J. Hypogonadism in alcoholic liver disease: Evidence for a double defect. Gastroenterology 67(6):1188-99, Dec 74.

No description available.

324. Vesell, E. S.; Passananti, G. T.; Lee, C. H. Impairment of drug metabolism by disulfiram in man. Clin Pharmacol Ther 12(5): 785-92, Sep-Oct 71.

No description available.

325. Victor, M. Deficiency diseases of the nervous system secondary to alcoholism. Postgrad Med 50(3):75-9, Sep 71.

No description available.

326. Victor, M. The alcohol withdrawal syndrome: Theory and practice. Postgrad Med 47(4):68-72, Apr 70.

No description available.

327. Viteri, A. L.; Tangedahl, T. N. Alcohol and liver disease. Postgrad Med 61(5):184-9, May 77.

No description available.

328. Weinberg, J. R. Assessing drinking problems by history. Postgrad Med 59(4):87-90, Apr 76.

Patients with alcohol problems can be categorized as either medical alcoholics, who have medical problems caused by high levels of alcohol consumption, or behavioral alcoholics, whose drinking results in adverse changes in their behavior. Behavioral alcoholics pose a diagnostic problem to the physician because of their highly developed denial systems. A detailed, accurate drinking history is necessary for diagnostic assessment, and the physician must employ several key strategies in order to circumvent the denial system and elicit relevant information. Additional information can be obtained from a member of the problem drinker's family. Family members should also be involved in the treatment process.

329. Weingartner, H.; Faillace, L. A. Alcohol state-dependent learning in man. J Nerv Ment Dis 153(6):395-406, Dec 71.

No description available.

330. Weingartner, H.; Faillace, L. A. Verbal learning in alcoholic patients. Some consequences of positive and negative reinforcement on free-recall learning. J Nerv Ment Dis 153(6):407-16, Dec 71.

No description available.

331. Weisberger, C. L.; Hamilton, W. Alcoholic ketoacidosis. JAMA 217(13):1865-6, 27 Sep 71.

No description available.

332. Welch, C. C. Alcoholic heart disease. Postgrad Med 61(5):138-44, May 77.

Alcohol has been suspected for many years of being a cause of heart disease. For a while its role was obscured by its association with beriberi heart disease and, more recently, by the toxic effect of cobalt in beer. Experimental studies, however, have provided convincing evidence of the primary role of alcohol itself. The mode of action is still in dispute. In the absence of specific findings, the diagnosis is made chiefly by exclusion of other known causes of heart disease and by a history of excessive alcohol intake over a number of years. The usual methods of treatment for the manifestations of heart failure, arrhythmias, and thromboembolic phenomena are important, but total abstinence from alcohol is the single essential factor. The sooner this is instituted, the better is the chance of interrupting the otherwise inexorable course to death.

333. Wessler, S.; Avioli, L. V. Therapeutic grand rounds. Alcoholic hepatitis. JAMA 203(10):865-70, 4 Mar 68.

No description available.

334. Weyman, A. E.; Greenbaum, D. M.; Grace, W. J. Accidental hypothermia in an alcoholic population. Am J Med 56(1):13-21, Jan 74.

No description available.

335. Williams, K. H. Medical consequences of alcoholism. Ann Intern Med 81(2):265, Aug 74.

No description available.

336. Wolff, D.; Gross, M. Temporal bone findings in alcoholics. PREliminary report on chronic alcoholics. Arch Otolaryngol 87(4): 350-8, Apr 68.

No description available.

337. Woodruff, R. A., Jr.; Guze, S. B.; Clayton, P. J.; Carr, D. Alcoholism and depression. Arch Gen Psychiatry 28(1):97-100, Jan 73.

No description available.

338. Wybran, J.; Govaerts, A.; Fudenberg, H. H. Editorial: Alcoholic liver disease and the immune system. JAMA 232(1):57-8, 7 Apr 75.

No description available.

339. Wynder, E. L.; Mushinski, M. H.; Spivak, J. C. Tobacco and alcohol consumption in relation to the development of multiple primary cancers. Cancer 40(4 Suppl):1872-8, Oct 77.

The relationship between tobacco and alcohol consumption and the development of additional primary cancers of the upper alimentary tract is reviewed. The chance of developing a second primary is dependent principally on the intensity (i.e., quantity and duration) of the smoking and drinking habit prior to the onset of the first neoplasm. However, results conflict regarding the effect exerted by the continuation of these habits after the first diagnosis. While tobacco smoking is considered the primary risk factor associated with cancers in this area, its interaction with alcohol creates a powerful carcinogenic effect. It is agreed that multiple primaries are selective on a site-specific basis and that risk varies with anatomic location of the first primary.

340. Yano, K.; Rhoads, G. G.; Kagan, A. Coffee, alcohol and risk of coronary heart disease among Japanese men living in Hawaii. N Engl J Med 297(8):405-9, 25 Aug 77.

We examined the relation of coffee and alcohol consumption to the risk of coronary heart disease during a six-year period in a cohort of 7705 Japanese men living in Hawaii. The analysis was based on 294 new cases of coronary heart disease. There was a positive association between coffee intake and risk, but it became statistically insignificant when cigarette smoking was taken into account. There was a strong negative association between moderate alcohol consumption (up to 60 ml per day), mainly from beer, and the risk of nonfatal myocardial infarction and death from coronary heart disease. This association remained significant in multivariate analysis, taking into account smoking and other risk factors. The correlation of alcohol consumption with the level of alpha cholesterol (positive) and beta cholesterol (negative) may partly account for the observed negative association between alcohol and coronary heart disease.

341. Ylikahri, R.; Huttunen, M.; Harkonen, M.; Adlercreutz, H. Letter: Hangover and testosterone. Br Med J 2(916):445, 25 May 74.

No description available.

342. Zambrano, S. S.; Maxxotta, J. F.; Sherman, D.; Spodick, D. H. Cardiac dysfunction in unselected chronic alcoholic patients: noninvasive screening by systolic time intervals. Am Heart J 87(3):318-20, Mar 74.

No description available.

343. Zetterman, R. K.; Luisada-Opper, A.; Levvy, C. M. Alcoholic hepatitis. Cell-mediated immunological response to alcoholic hyalin. Gastroenterology 70(3):382-4, Mar 76.

Immunological reactivity in alcoholic hepatitis has been attributed to alcoholic hyalin, the histological hallmark of this disease. A purified isolate of alcoholic hyalin with electron microscopic, biochemical, and serological characteristics documented previously was added to lymphocytes from healthy subjects and patients with alcoholic hepatitis or other hepatic disorders. Production of migration inhibition factor (MIF) in response to this material was used as in index to lymphocyte reactivity. MIF was significantly increased in lymphocytes obtained from patients with alcoholic hepatis, as compared to the healthy controls (P less than 0.001), and persons with other liver diseases (P less than 0.005). These observations indicate that immunological hyperreactivity to alcoholic hyalin occurs in patients with alcoholic hepatitis; such activity may be of key importance in the pathogenesis or sequelae (or both) of this disease.

344. Ainneman, H. H. Autoimmune phenomena in alcoholic cirrhosis. Am J Dig Dis 20(4):337-45, Apr 75.

Serum immunoglobulins usually are increased impressively in alcoholic cirrhosis, particularly IgA and IgM. The basis for these changes has not been clarified. Previous studies with sera of cirrhotic subjects failed to show autoantibody reactions found in other hepatocellular diseases. Two autoantibody reactions were demonstrated by immunofluorescent techniques, using IgG, IgM, and IgA of cirrhotic sera. Purification was achieved by starch block electrophoresis, gel filtration of Sephadex G-200, chromatography on DEAE-Sephadex, and affinity chromatography on columns of Sepharose 4B, in that sequence. IgM appeared as a nonspecific antinuclear antibody, IgA bound to alcoholic hyaline (Mallory bodies). IgG failed to stain any of the examined tissues. It may be the blocking agent which prevents the above-mentioned autoimmune phenomena in whole serum.

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1. Alexander, C. Norman Jr. Alcohol and Adolescent Rebellion. Social Forces, 1967, 45,4, Jun. 542-550.

   No description available.

2. Alexander, C. Norman; Campbell, Ernest Q. Peer Influences On Adolexcent Drinking. Quarterly Journal of Studies on Alcohol, 1967, 28, 3 , Sep. 444-454.

   No description available.

3. Braucht, G. Nicholas; Follingstad, Diane; Brakarsh, Daniel Drug education: A review of goals, approaches and effectiveness, and a paradigm for evaluation. Quarterly Journal of Studies on Alcohol, 1973 Dec Vol. 34(4-A), 1279-1292.

   Reveiws the literature on various treatment programs for youthful drinkers and drug users and prevention efforts through educational and legal means. Findings indicate that these programs have not yet effected a decline in alcohol or drug abuse. Programs usually operate without systematic goals and do not appear to be based on consistent psychological or educational rationales. The question of what kinds of education programs have what kinds of effects on what kinds of young perople remains unanswered. Suggestions for future research are outlined.

4. Can Alcoholism be Traced to Television. Broadcasting V 90, N11 Mar. 15, 1975.

   The possible impact of TV on problem drinkers was debated last week in Washington Hearings before Senator Hathaway, chairman of the Senate Subcommittee on Alcohol and Narcotics. No consensus was formed. It is said that it was the senator's concern about beer and wine ads on TV that prompted the hearings, and he is merely seeking answers to prevent alcohol abuse. T.J. Swafford, CBS-TV vice president, charged that anyone who says he started drinking as a result of TV is copping out and demonstrated how his network exercises control over the depiction of drinking. He asked the Senator whether his network should portray life as it is or as we wish it would be. Among those testifying was Don Newcombe who believes that TV reinforces the notion that alcohol helps people achieve what they cannot achieve on their own. New guidelines decree that beer and wine not portray or encourage on TV use by young people.

5. Catawba Region Adolescent Health Care Study. Rock Hill, S.C. NTIS Document Reproduction Service, HRP-0004223/4SL, 1974.

The health status and health needs of adolescents (ages ten to 18) in the Catawba Region of North Central South Carolina are reported. The study area incorporates four rural counties. Systematic data collection was performed through an analysis of existing data, the design and administration of four survey instrments, examination of hospital utilization records, and identification of specific agencies' program case loads. Surveys of physicians, dentists, agencies, and schools were conducted; response rates were 48, 41.6, 46.1, and 87.7 percent, respectively. Five major health care problems among adolescents were determined (in order of priority): denial problems, mental health and personal adjustment problems, drug abuse, illegitimate pregnancies, and alcohol abuse. Results of surveys, validation interviews, and hospitalization record studies complemented each other, lending validity to the study. A description of the study area (target population, health resources, education system) is provided, followed by a detailed account of study findings relative to the problems listed above. Relevant vital statistics, health manpower and funding considerations, and health education are discussed. Recommendations center around better organization of existing resources and developemnt of a reporting system to enable further planning activities by the regional planning council. Survey instruments and a 14-page annotated bibliography are included. Sixty-eight tables are incorporated in the text and appendices.

6. Cohen, Sidney. Teenage drinking: The bottle babies. Drug Abuse & Alcoholism Newsletter, 1975 Aug Vol 4(7) 1-4.

Discusses the increasing use of alcohol by early adolescents, including as many girls as boys, and the growing numbers of teenage polydrug abusers (with alcohol as the basic intoxicant) and pubescent alcoholics. Local and national survey data on adolescent drinking are quoted, and statistics are presented from Alcoholics Anonymous and alcohol-detoxification centers on the alarming increase in problem drinkers between the ages of 12 and 17 yrs. The physical and social problems of these youths are described, and family, peer, and personality factors contributing to teenage alcoholism are considered. Because indulgence in alcohol is a culturally entrenched habit, overtly or covertly reinforced, it is stressed that children should be taught responsible and moderate drinking, and overindulgence should receive firm disapproval and condemnation.

7. del Castillo, Guillermo; Gralnick, Alexander. The Inpatient Treatment of a Child Drug-abuser in a Mixed Age Group. Psychiatric Quarterly 1971 Vol. 45(4) 593-602.

Describes the case of a 10-yr-old Jewish male drug abuser. Because of his disruptive behavior and history of drug and alcohol abuse, he was refused admittance to institutions with facilities for children. He was subsequently admitted to a psychiatric hospital for adults and adolescents, most of whom were schizophrencis. The hospital program, S's course of dealing with the drug-abuser, particularly a child, are noted and illustrated by the case report. It is suggested that, despite the problems, the need for bed-space for children and the success of the treatment program used indicate that the treatment of child drug-abusers in a mixed-age group is feasible.

8. Fanai, F. Progress and prognosis of degeneration: Catamnesis adolescents with disturbed social behavior. Psychiatria Clinica, 1969, 2(1), 1-13.

Confirms that families of adolescents with personality disorders contain a higher than average number of psychically abnormal persons, particularly alcoholics, who make a harmonic family life impossible. Catamnestic studies show that 2/5th of our formerly socially disturbed adolescents are today socially capable people, and that 1/3 of them have achieved at least a tolerable social adjustment, while 1/4 have remained asocial as before. In the vast majority of cases a lasting improvement could only be achieved by prolonged education in specially equipped nonmedical institutions, very often only in strict correctional establishments. It also became apparent that 1 of the most important factors is the establishment of a firm positive affective relationship (transference) to a person in authority, who knows how to gain the confidence of the young person.

9. Favazza, A.R.; Cannell, B. Screening for alcoholism among college students. Am J Psychiatry 134(12): 1414-6, Dec 77.

When the Michigan Alcoholism Screening Test (MAST) was administered to 245 students on two midwestern college campuses, 29% of the students on the small, private college campus and 19% on the large state university campus scored more than 4 points, indicating possible alcoholism. The authors hope that this study will stimulate further research on alcoholism among college students.

10. Freedman, Alfred M.; Wilson, Ethel A. Addiction and alcoholism. A.M. Freedman & H.I. Kaplan (Eds.), The Child: His psychological and cultural development; II. The major psychological disorders and their treatment. New York, N.Y.:Atheneum, 1972, 417 p.

Discusses the sharp rise in use of addictive substances by children and adolescents since World War II, and notes that it is the addictive behavior with which they respond to objective and subjective stresses that is the primary concern of the psychiatrist. The wide variety of addictive substances used by the young is listed and treatment methods briefly discussed. (29 ref.)

11. Friedemann, A. Drug addiction in children and adolescents.Acta Paedopsychiatricia , 1969, 36(8-10), 274-278.

Drug addiction and alcoholism currently appear more frequently in the young child and in later childhood. More consideration must be given to this problem, including it in the differential diagnosis.

12. Haberman, Paul W. Childhood Symptoms in Children of Alcoholics and Comparison Groups Patients. J. Marr. Fa., 1966, 28, 2, May, 152-154.

No description available.

13. Harford, T.C. Teenage alcohol use. Postgrad Med 60(7): 73-6, Jul 76.

Approximately 39% of the in-school adolescent population of the United States can be classified as at least moderate drinkers, and as many as 28% may be problem drinkers. More adolescent boys than girls are drinkers, but the number of girls who drink is increasing, as is the number of drinkers age 13 and under. Adolescent drinking patterns are influenced by parental drinking models, peer structure, and other sociopsychologic factors. Teenagers who drink are likely to have parents and peers who drink and to have contact with religious organizations and other social systems which they perceive as not disapproving of drinking. Abstainers, on the other hand, usually have nondrinking parents and peers and are more likely to be associated with social institutions which disapprove of drinking. A significant proportion of the current adolescent population may enter adulthood with harmful drinking habits already ingrained. If intervention and treatment are to be effective, the social network which supports alcohol use among teenagers must be taken into account.

14. Harford, Thomas C. Patterns of alcohol use among adolescents. Psychiatric Opinion, 1975, Mar Vol 12(3) 17-21.

Reviews research indicating that among adolescents (a) girls drink less than boys; (b) drinking becomes more frequent in both sexes with advancing age; (c) more recently, alcohol use by girls has approached that by boys in the older age groups; (d) the proportion who drink at each level has increased; (e) alcohol abuse is appreciably higher among older boys; and (f) alcohol is the current drug of choice, and (excepting tobacco) marihuana ranks 2nd in frequency of use. The role of adolescent socialization, including parental and peer group influences, is examined. It is noted that most adolescents begin drinking at home under parental supervision, but as the child grows older, more drinking takes place away from home and peer influences are greater. The degree of problem drinking among adolescents is considered uncertain but sufficient to cause significant social concern. (19 ref)

15. Kammeier, Mary L. Biographic, cognitive, demographic and personality differences between adolescents from families with identifiable alcohol problems and from families without identifiable alcohol problems. Dissertation Abstracts International, 1969, 30(4-A), 1398-1399.

No description available.

16. Kammeier, Mary Leo. Adolescents from Families With and Without Alcoholic Problems. Quarterly Journal of STudies on Alcohol, 1971, 32, 2, Jun. 364-372.

The purpose was to determine whether signif diff's existed between adolescents from fam's with identifiable alcohol problems & adolescents from fam's without identifiable alcohol problems by analyzing (1) biographic, cognitive demographic data, & (2) personality data based on responses to the Minnesota Counseling Inventory (MCI) & the Personal orientation Inventory (POI). The pop for the study consisted of 371 boys & girls who completed an alcohol educ program at a Catholic H Sch in a Midwestern city. 65 students from this group came from fam's with identifiable alcohol problems. Because of the disproportionate sex distribution in the problem group (20 boys & 45 girls), stratified random sampling techniques were used to select a control group of 65 S's, matched according to grade & sex, from the 306 S's without identifiable fam alcohol problems. Signif diff's between the problem group & nonproblem sample occurred on only 4 of the biographic, cognitive, & demographic variables: S's with alcoholic parents had more Sch absenteeism (7.49 days vs 4.37; $P<.001$); fewer siblings (3 vs 4; $p<.05$); more fathers in lower SE categories ($p<.05$); & more fam's broken by separation & divorce (5% vs 0%; $p<.05$). On the POI, the nonproblem sample scored higher on the self-actualization scale (p .05). On the MCI, 9th & 10th grade girls in the problem group showed signif diff's, indicating emotional distress, on 6 scales; emotional stability, fam & SR, conformity, mood, & leadership. It is theorized that the small degree of diff's between adolescents from fam's with & without identifiable alcohol problems might have been due to the strength of certain fam factors in the problem group that exerted a stabilizing influence & provided some security for fam members.

17. King, Lucy J.; Pittman, Glen D. A six-year follow-up study of 65 adolescent patients: Natural history of affective disorders in adolescence, Archives of General Psychiatry, 1970, 22(3), 230-236.

Interviewd and compared 26 former patients, hospitalized at age 19 or younger with a diagnosis of affective disorder, and 25 hospitalized with other psychiatric illnesses. "Affect" Ss were significantly more likely than "other" Ss to have family histories of affective disorder ($p < .05$) or of affective disorder and alcoholism, or both ($p < .01$). At follow-up, only 1 affect S, as compared with 12 other Ss had been chronically ill throughout the follow-up interval. The only death was the suicide of an other S with severe chronic brain syndrome. Although affect disorders had a uniform prognosis in that most Ss experienced remission of symptoms, a cross-sectional assessment of clinical pictures would have shown a variety of patterns (depression or mania; psychotic, neurotic, or antisocial symptoms). The 1 predictor of the course of affective illness during the follow-up interval was having been psychotic at index admission which was significantly more likely to be associated with severe or prolonged illness during follow-up than with mild or no symptoms ($p < .01$).

18. Kinsey, B.A., Psychological factors in alcoholic women from a state hospital sample. Am J Psychiatry 124(10): 1463-6, Apr 68.

No description available.

19. Mackay, James R., Alcohol, Alcoholism, and Youth. Soc. Wk: 1965, 10, 1, Jan. 78-80.

No description available.

20. Mackay, James R. Clinical observations on adolescent problem drinkers, Quart. J. Stud. Alcohol, 1961, 22, 1, Mar. 124-134.

No description avaliable.

21. Maclennan, Beryce W.; Levy, Naomi. The group psychotherapy Literature, 1966. International Journal of Group Psychotherapy, 1967, 17(3), 378-398.

Summarizes a 267-item bibliography and points up the continued interest in training, "in work with adolescents; in the use of groups in institutional programs; in building therapeutic interventions into normal group activities; and in comprehensive programming geared toward the development of positive mental health milieus." Research in group psychotherapy and the use of group psychotherapy with the aged and alcoholics show increased coverage. "No mention is made ... of the training of therapists in program evaluation, and there is no question but that practitioners continue to ignore the need to examine routinely the effectiveness of their treatment." The need is stressed for "More searching papers on the co-ordination of therapeutic intervention in the construction of positive milieus; on the roles of professional and non-professional personnel in leading groups; and on the place and nature of self-development groups in training for human service."

22. Mader, R. Alcoholism in adolescent criminals: A comparative study from 1965/66 to 1969/70. Acta Paedopsychiatrica, 1972 Vol. 39(1-2) 2-11.

Examined 200 criminal adolescents in Austria for alcoholism in 1965-1966 and 200 others 4 yr. later. Dipsomania in both groups was high, but decreased from 38 to 29% perhaps due to drug substitutes. Isolated secret drinking increased in the later period. On admission to institution, nearly 1/2 showed a clinical and testable organic psychosydnrome. The earlier group showed 52% psychopathy, 37% neurosis, 6% oligophrenia. In the 2nd period, only the oligophrenic increased in number. Among youth brought up in homes, chronic alcoholism is rare. In 45% of the dipsomaniacs, alcoholism is found in other family members. Alcoholism in young criminals impedes rehabilitation and must be seen as a highly unfavorable symptom.

23. Marquis, Paul A.; Dallaire, Michel. Evaluation and treatment of drug addiction. Toxicomanies, 1972 Jan Vol. 5(1) 7-19.

Briefly reviews the diagnosis and treatment of chronic and acute alcoholism and adolescent and adult drug addiction for the general medical practitioner. (English summaries)

24. Milman, D.H; Su, W.H. Patterns of illicit drug and alcohol use among secondary school students. J Pediatr 83(2): 314-20, Aug 73.

No description available.

25. Ottenberg, Donald J. Teenage alcohol abuse: Focusing our concern. Psychiatric Opinion, 1975 Mar Vol 12(3) 6-11.

Asserts the need to focus on the network of interacting forces involved in addiction rather than on the particular substance being abused. The particular substance, such as alcohol, is viewed as the least important variable compared to the other interacting variables--the person and the environment. Study should focus on the causal relationships and basic determinants embedded in the individual and his/her interaction with society. Studies are cited in support of this generic concept of substance abuse. It is concluded that a broad conceptual framework is needed to encompass medical, sociological, psychological, and political variables so that each form of substance abuse can be studied as part of one connected problem.

26. Phillipson, Richard. Adolescent alcohol abuse. Drug Abuse and Alcoholism Newsletter, 1973 Nov Nol 2(8) 4 p.

Discusses data that suggest an increase in the prevalence of adolescent alcohol abuse, implications of lowering the drinking age, and measures and alternatives that might be developed to prevent further abuse. The importance of the peer group in adolescent drinking is noted, and a question-and-answer section on the problem is included.

27. Rosenberg, C.M. Determinants of psychiatric illness in young people. British Jouranl of Psychiatry, 1969, 115(525), 907-915.

50 alcoholics, 50 drug addicts, and 50 psychoneurotics (mean age = 26 yrs.) were interviewed and given the Eysenck Personality Inventory, Institute for Persoanlity and Ability Testing Anxiety scale, and Raven's Progressive Matrices. Both alcoholism and drug dependence in the young seemed related to overt family disruption, uninterested or punitive parents, and childhood behavior problems. Early psychoneurosis appeared associated with parental mental illness, parental disharmony, cold and strict parents, and introverted personality.

28. Ryback, R.S. Editorial: Teen-age alcoholism, medicine, and the law. N. Engl. J. Med. 293(14): 719-21.

No description available.

29. Schiamberg, Lawrence B. An exploratory study of adolescent alienation: An examination of selected theories and research. Dissertation Abstracts International, 1971, Jun. Vol .31 (12-A), 6412-6413.

No description available.

30. Scotland's drink problem. Br Med J 4(884):64, 13 Oct. 73.

No description available.

31. Senini, G.: Bertuzzi, F. Aspects and problems of alcoholic intoxication in the developmental age. Neuropsichiatria 1967,23(4) 713-740.

No description available.

32. Stoller, Alan; Drupinski, Jerry. Aspects of psychiatric morbidity in adolescents in Victoria, Australia. Australian & New Zealand Journal of Psychiatry, 1974 Mar Vol 8(1) 61-69.

Summarizes data obtained by the authors and other researchers on psychiatric morbidity in Australian adolescents related to drug-taking, alcoholism, suicidal behavior, delinquency, and car accidents. The psychiatric adjustment of adolescent migrants and Aborigines is discussed. (17 ref)

33. Teen-age Drinking's Back - Help your kids handle it. Medical Economics, May 27, 1974, P171-185.

Your teen-agers may have more difficulty handling their liquor than you realize, according to a report that will be in the hands of congress next month. This document - the second special report on alcohol and health-points out that almost no other age group consumes more alcohol per sitting than the youngster of 18-20. The man who compiled the report - Dr. Morris E. Chafetz, Director of the National Institute on Alcohol Abuse and Alcoholism - sums up the news this way - by every measurement, alcohol is the drug causing the greatest number of serious problems among young people. The others don't even come close. Is there anything you can do to help your own children and your young patients avoid problems with drinking. Dr. Chafetz, author of four books on alcohol abuse offers some suggestions in an interview with medical economics senior editor Howard Eisenberg.

34. Teicher, J.D.; Sinay, R.D. ; Stumphauzer, J.S. Training community-based paraprofessionals as behavior therapists with families of alcohol-abusing adolescents. Am J Psychiatry, 133(7): 847-50, Jul 76.

35. Thomson, W.O.; Imrie, C.W.; Joffe, S.N. Letter: Alcohol-associated pancreatitis in a 15-year-old. Lancet 2(7947): 1256, 20 Dec 75.

No description available.

36. Treador, William; Van Houten, Therese. Survey of alcohol related problems among runaway youth seen in runaway centers. PB-251, 972/6SL, 1976.

The report details findings of a survey of drinking habits of 482 young people who were clients at 17 renaway centers nationwide during a six month period in 1975. The survey was designed to test two hypotheses: (1) that runaways are more likely to abuse alcohol than the general population of adolescents, and (2) that there is a positive correlation between adolescent and parental alcohol abuse in the runaway population. The report includes a summary of the literature regarding adolescent runaways, as well as a discussion of the alcohol use survey.

37. U.S. Congress. Senate. Bayh praising movie on problems of alcoholism among teenagers produced by Maurice and Blanche Frink of Elkhart, In. April 27, 1976; p. S5911. 94th Cong., 2nd sess., 1976.

No description available.

38. Young drinkers. Lancet 1(795): 142, 20 Jan 73.

No description available.

39. Young people and alcohol. Alcohol Health & Research World, 1975 Sum Exp Iss 2-10.

Discusses the increased use of alcohol byyoung people in the U.S. Prevention and treatment programs designed to counteract this rise in alcohol usage are described.

40. Zucker, R.A. Problem drinking in adolescence. Am Fam Physician 12(1): 103-6, Jul 75.

Diagnostic criteria for the early stages of alcoholism are unclearmaccordingly, especially in young problem drinkers, emphasis should be on symptomatic treatment and shifting environmental support away from drinking. Alcohol use is frequently a precursor and a corollary of other drug use. Active intervention by the family physician can be very effective. Starting at age 15, the medical history should include a survey of alcohol consumption.

41. Zucker, Robert A. Sex-role identity patterns and drinking behavior of adolescents. Quarterly Journal of Studies on Alcohol, 1968, 29, 4. Dec. 868-885.

No description available.

42. Zucker, Robert A.; Van Horn, Holly. *Sibling Social Structure and Oral Behavior; Drinking and Smoking in Adolescence*. Quarterly Journal of Studies on Alcohol, 1972, 33, 1, Mar, 193-197.

The present study was carried out with the intent of bringing some recently developed theories to bear on the problem of birth position & spacing effects. 2 hyp's were set forth: (1) persons with a smaller space between self & next younger siblings (postgap) will drink and smoke more in later life than will those with a large postgap: & (2) persons with a smaller space between self & next older sibling (Pregap) will drink & smoke more in later life than will those with a large pregap. Thus, the relationships between the quantity & frequency of drinking, problems related to drinking, cigarette smoking & birth rank & space between siblings were examined in 104 boys aged 16-18. The only signif finding was the greater amounts of drinking, problem drinking & smoking among the first-born with small gaps between them & the next sibling compared with the first-born with larger gaps.

43. Zylman, Richard. *Fatal Crashes among Michigan Youth Following Reduction of Legal Drinking Age*. Quarterly Journal of Studies on Alcohol, 1974, 35, 1 Part A, Mar, 283-286.

The legal age at which persons may drink alcoholic beverages in Mich was lowered from 21 to 18 years on 1 Jan 1972. During the first 9 months of 1971, 1972 & 1973, the number of alcohol-involved fatal crashes among drivers aged 18 to 20 was 60, 103 & 112, & the .sigma. number of fatal crashes was 271, 357, & 336. Over the period 1962-72 the number of drivers aged 18 & 19 involved in fatal crashes ranged from 133 in 1962 to 323 in 1966(318 in 1972). The number of licensed drivers aged 18 & 19 & the number involved in fatal crashes showed a parallel increase over the 10-year period. The 1971-73 increase in the number of "alcohol-involved" fatal change in police reporting practices than changes in the driving-&-drinking behavior. It is also concluded that the older generation should accord more confidence to young adults. 2 Tables, 1 Figure.

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THE TREATMENT OF ALCOHOLISM IN THE COMMUNITY

1. Aharan, C. M.; Ogilvie, R. D.; Partington, J. T. Clinical Indications of Motivation in Alcoholic Patients. Quarterly Journal of Studies on Alcohol 1967, 28 (3), 486-492.

   Most of the patients (92 men and 24 women) who contacted the outpatient clinic of the Ontario Alcoholism and Drug Addiction Foundation over a 1-year period were assessed on several clinical indicators of motivation for treatment: physical condition on arrival (sober or intoxicated), willingness to accept disulfiram, source of referral to the clinic, and the number of contacts made with the clinic. Psychotherapy, chemotherapy, and treatments relevant to the individuals' needs were given as frequently and as long as both patient and therapist saw value in the contacts. Approximately 1 year after treatment began, 75% of the SS were recontacted and questioned about their drinking, employment, marital, financial, and social situations, and self-perceptions. Although positive effects of treatment were noted, none of the motivational measures predicted changes in the patients' use of alcohol or in their living patterns.

2. Alcoholics Anonymous. JAMA 236 (13):1505-6, 27 Sep 76.

   No description available.

3. Alcoholism Program Monitoring System Development. Final Rept. Jun 71-Jun 73. 1973.

   The report describes a two-phase program to design, develop, implement, operate, and evaluate a system to monitor the activities and operation of the comprehensive community alcoholism treatment center (ATCS) receiving staffing grant funds from the NIAAA. Eleven ATCS were selected by the NIAAA to participate in Phase I, the design and development stages of the system. Phase II consisted of the implementation of the pilot ATC monitoring system (ATCMS), further refinement of the system design, and evaluation of the system.

4. Alterman, A. I; Gottheil, E.; Crawford, H. D. Mood changes in an Alcoholism Treatment Program Based on Drinking Decisions. Am. J. Psychiatry 132(10):1032-7, Oct 75.

   The authors compared the amount of discomfort experienced by 18 alcoholic men who chose to drink and 43 alcoholic men who abstained from drinking during a 6-week treatment and research program. They found that tne discomfort of the drinkers increased but that the discomfort of the abstainers decreased. The increase in the drinkers' discomfort appeared to be more related to their having to make a decision about drinking than to the amount of alcohol actually consumed. This finding emphasizes the importance of the role played by environment in affecting the mood state of drinking alcoholics.

5. Armor, David J.; Polich, J. Michael; Stambul, Harriet B. Alcoholism and Treatment. Santa Monica, CA: Rand, 1976, xiii, 216

Presents intake and 6-month status data from patients treated in 45 community-based alcoholism treatment centers, data from a special 18-month follow-up in 8 of these centers, and results from several national surverys on drinking practices. Chapters focus on perspectives on alcoholism and treatment, social correlates of alcoholism and problem drinking, patterns of remission, the effectiveness of treatment, and policy and implications. Appended are a discussion of the reliability and validity of self-reported drinking behavior and data collection instruments.

6. Annis, Helen M.; Smart, Reginald G. The Ontario Detoxication System: Influence on Drunkenness Arrests in Toronto. Ontario Psychologist 1975 Oct. Vol 7(4) 19-24.

Describes Ontario's 12 detoxification centers (DCs) to which police can bring public inebriates without laying a criminal charge. Each DC is attached to a local hospital but is in a separate location. Staff are nonmedical but have been trained to identify cases requiring immediate medical treatment. The staff initiate referrals of residents to various local treatment programs. Statistics indicate that the DCs have had no effect on the number of arrests for public inebriation. This may be because they have too few beds and too long an average stay.

7. Beigel, Allan et al. Planning for the development of comprehensive community alcoholism services: II. Assessing community awareness and attitudes. American Journal of Psychiatry, 1974 Oct. Vol 131(10), 1116-1121.

Considers that in the development of an effective community education and treatment program for alcoholism the following dimensions need to be assessed: (a) attitudes toward alcohol use and abuse, (b) drinking habits, (c) awareness of available services and facilities for the alcoholic, (d) extent of personal drinking problems, and (e) comparative perceptions of alcohol abuse in different ethnic groups. The procedure to make these assessments is described, and examples of how the data gathered can be used in planning of comprehensive community alcoholism services are presented. Data from a survey of persons in one county in Arizona are presented to show community perceptions of alcoholism and sources of help for drinking problems.

8. Beigel, A.; Hunter, E. J.; Tamerin, J. S.; Chapin, E. H.; Lowery, M. J. Planning for the development of comprehensive community alcoholism services: I. The prevalence survey. Am J Psychiatry 131(10):112-6, Oct 74.

No description available.

9. Beigel, A.; McCabe, T. R.; Tamerin, J. S.; Lowery, M. J.; Chapin, E. H.; Hunter, E. J. Planning for the development of comprehensive community alcoholism services: II. Assessing Community awareness and attitudes. Am J Psychiatry 131(10): 1116-21, Oct 74.

No description available.

10. Berger, Mike; Potter, Kirby. The Adjunct Consumer Group. Community Mental Health Journal, 1976 Spring, Vol 12(1), 52-60.

Describes an adjunct consumer group known as Problems Anonymous Action Group (PAAG), made up of men and women with histories of chronic alcoholism, drug abuse, or mental health problems, who have the common resolve to reenter the community after hospitalization. A mental health center maintains a liason team of professionals which services the PAAG organization, but a board of directors made up of the mental health consumers governs the PAAG programs and activities. Advantages of the PAAG organization include its (a) independence from a particular facility, (b) freedom from governmental bureaucratic structure, (c) mutual support systems for members' problems, and (d) private nonprofit group status. The 4 basic units of service are for (a) chronic alcoholics, (b) sheltered living, (c) sheltered work, and (d) socialization. Financing, transportation, and community satisfaction are described as the 3 major problem areas.

11. Bissell, L.; Jones, R. W. The alcoholic physician: a survey. Am J Psychiatry 133 (10):1142-6, Oct 76.

The authors conducted interviews with 98 recovered alcoholic physicians, all of whom had been entirely abstinent for a minimum of one calendar year. Psychiatry was the only specialty clearly overrepresented. A disproportionate number of subjects reported high standing in their medical school classes. Nearly half of the sample had experienced difficulty with drugs other than alcohol. While legal sanctions and admission to health care and correctional institutions were common among this group, relatively little formal response of a disciplinary nature from colleagues or medical organizations was reported.

12. Bokun, Petar. Prehospital treatment of alcoholism and drug addicts in our conditions. Socijalna Psihijatrija 1975 Vol 3(2) 133-139.

Examines the new organizational approach to treating acute alcoholic or drug intoxicated patients. Team work is seen as the only way by which this problem can be adequately solved. This principle removes pressure from hospital facilities, the most expensive form of medical treatment. The discussed group of clinical syndromes must be treated urgently. The effective medical help must be prompt so that the patient's chances of recovery can be improved. From the sociological point of view, the population at risk is very important because of its youth, and this is an additional reason for providing adequate treatment. The proposed structure of the team is not a fixed one; its members can be determined according to local needs and possibilities.

13. Booz-Allen and Hamilton, Inc. Washington, D.C. Model Benefit Costs in Alcoholism Treatment Programs. Volume I. PB-258 539/6SL.Arlington, Va. NTIS Document Reproduction Service. 1976.

The results of an extensive study of costs relative to a model benefit package for alcoholism treatment programs are reported. The objective and scope of the study, as well as the organization and contents of the report, are described. Major findings for the four treatment modalities examined (i.e. inpatient emergency care, inpatient care, intermediate care, and outpatient care) are summarized, and a detailed analysis of findings by treatment setting is provided. Report also includes appendices on (1) service and treatment setting definitions and measures of service, and (2) study methods.

14. Booz-Allen and Hamilton, Inc. Washington, D. C. Model Benefit Costs in Alcoholism Treatment Programs. Volume II. PB258 540/4SL. NTIS Document Reproduction Service. 1974.

Data on a program by program basis are included in the 30 sections of this appendix. The names of the programs have been withheld from the report to maintain the confidentiality of proprietary data. Accordingly, a numerical code has been substituted for each program name. Program data presented include: a description of all treatment settings that are offered, a list of settings for which cost data were available or could be obtained, a description of unique program characteristics, including imputed costs. A summary sheet that includes program financial and statistical data.

15. Boyatzis, Richard E. Short-Term Rehabilitation for Persons Convicted of Driving While Intoxicated. PB-259 627/8SL. NTIS Document Reproduction Service, 1976.

The objectives of the project were to develop a classification system for assessing persons convicted of driving while intoxicated, identify short-term rehabilitation (STR) objectives for these people, review available treatment programs, and make recommendations of programs which can be used to help DWI's reach STR objectives. Classification system was designed which which included assessment of the client's adaptability to inner conflict/stress, assessment of the forces affecting the client regarding drinking from his socio-culture, environment, and the severity of the client's problem with alcohol. Using the classification system, a set of STR objectives are identified for a client. These objectives represent desirable changes in the client's behavior and the impact of his sociocultural environment. STR programs are recommended which should help a DWI to reach these objectives. These programs include some elements of treatment modalities which have been shown to be effective and appear relevant for use with DWI's. Research, development, and evaluation needs for continued work in this area are described.

16. Branch, C. H. Finding alternatives provides an opportunity for taking stock. Psychiatric Annals, 1975 May, Vol 5(5) 171-173.

Contends that mental health professionals have accepted responsibility for many problems outside their field and have claimed the ability to solve them. Release of patients from state hospitals into the community means that society, not just the mental health professionals, must find adequate placement and provide adequate treatment programs. Patients cannot be turned over to mental health just because their situation includes emotional elements. Examples are the aging and the alcoholics, problem groups for which society has not found a solution and is refusing to provide proper facilities. Three exploratory projects are suggested: (a) A genuine collaborative effort should be made with law enforcement, welfare, educational, and other programs to make the best use of each; thus far such efforts have been defeated by territorial claims and empire-building. (b) All-out support of programs that strike at the roots of incapacity should be demanded by all agencies. (c) Honest, not bureaucratic cost accounting should be instituted to compare the cost, for example, of keeping an elderly patient in the community with the cost of keeping him in a hospital. The facts needed to develop alternatives are available but are not being used.

17. Bratter, Thomas E. Helping those who do not want to help themselves: A reality therapy and confrontation orientation. Corrective & Social Psychiatry & Journal of Behavior Technology Methods & therapy. 1974 Vol 20(4) 23-30.

Describes the author's development as a psychotherapist and his decision to limit himself to working with addicted and alcoholic individuals. Total commitment, dedication, and involvement place the therapist in a "no win" situation between spending too much time with patients and not enough time with his family. Treatment itself is initially a "therapeutic battle" wherein the therapist imposes himself as the central figure in the individual's life and attempts to help him control, contain, and curtail his self-annihilative behavior. Once the individual adopts more responsible behavior, the therapist must renegotiate the therapeutic contract. The individual should be given the freedom to fail and to learn from failure, such failure being attributed to stupidity rather than to psychological or emotional factors beyond the individual's control. The therapist must help the adolescent learn to select behavior which will maximize success and eliminate a "failure identity." The expectation of the therapist is a potent influence effecting behavioral change. The therapist should be prepared to function as an advocate by aggressively intervening for a newly responsible and productive adolescent, and even to play the role of agitator by the modification of society and the status quo.

18. Bratter, Thomas E. Reality therapy: A group psychotherapeutic approach with adolescent alcoholics. Annals of the New York Academy of Sciences. 1974 Apr., Vol 233, 104-114.

Reality therapy offers promise to adolescent alcoholics because it (a) views the alcoholic as being in control of his behavior, even though he currently is irresponsible and self-destructive; (b) assists the patient to evaluate his behavior; (c) suggests the planning of responsible and productive behavioral alternatives to chemical dependency; and (d) helps the patient to attain these goals. This approach necessitates rejecting the traditional therapist role as objective and uninvolved; personal involvement with the alcoholic is necessary in order to facilitate meaningful behavioral and attitudinal change. The methods used as part of reality therapy are discussed, and their roots in older and more traditional forms of psychotherapy are cited. By becoming an advocate of nondrinking, the therapist presents a role model from which the patients can learn.

19. Budson, Richard D. The Psychiatric Halfway House. Psychiatric Annals. 1973 Jun Vol. 3(6) 64-83.

Discusses the diminishing importance of the large institution and strong augmentation of small community-based residential facilities commonly known as halfway houses or community residences. These facilities are being established in great numbers, not only for the emotionally troubled, but also for the mentally retarded, the drug dependent and alcoholic, youths from broken homes, youthful and adult offenders, and other handicapped people. It is noted that there has been a large increase in the number of psychiatric community residences over the last decade. Being an alternative to institutionalization is a new concept for the community residence, which had initially been conceptualized as a transitional facility from an institution to home living. The community residence movement arose from the desire to alleviate 4 basic deficiencies of the traditional institution: largeness, universal medical model, a closed society, and isolation from the community. The community residence also has a potential for goal orientation, according to the changing needs of the population it serves.

20. Burch, Judy W.; Siassi, Iradj. How effective is a one-day-a-week community psychiatric service? Perspectives in Psychiatric Care. 1973 Vol. 11(1) 29-32.

Describes aftercare services offered by a community mental health center to discharged state hospital patients. Clinical staff consisted of a psychiatrist, a psychologist, a psychiatric nurse, and a secretary. A major goal of the clinic was preventing further hospitalization. Alcoholics and drug addicts were not treated. Day and evening hours were held and a waiting list was avoided. Factors considered crucial to the success of this sort of endeavor are: the team approach, a relationship with an active public service agency, a liaison with the regional state mental hospital, and a 12-hour day.

21. Cahn, Sidney. Alcoholism halfway houses: Relationships to other programs and facilities. Social Work 1969. 14(2). 50-60.

Describes and evaluates the characteristics of problem drinkers, treatment services for them, and the place of the halfway house in the mosaic of helping services. Both male and female halfway houses, their admission programs, length of stay, residents' social characteristics, and therapeutic methods are examined. With regard to developments that will affect future programs of halfway houses, it is suggested that some halfway house functions may be taken over by other agencies, but there is 1 important frontier still to be explored: the semiprotective institution, standing halfway between the outpatient service and restrictive, more highly structured hospital-based program. It is emphasized that if cooperation between transitional halfway facilities and official establishments is to be achieved, halfway houses "will have to reach a new status by maintaining minimum standards of care and accepting licensing by state agencies."

22. U. S. Congress. House. Cambridge, MA, city council petitioned Congress re funds for control of alcoholism; C/Commerce. 95th Congress, 1st sess., June 24, 1977, p. H6527.

No description available.

23. Catanzaro, R. J.; Green, W. G. WATS telephone therapy: new follow-up technique for alcoholics. Am J Psychiatry 126(7): 1024-7, Jan 70.

No description available.

24. Charleston, Coll; Tournier, Robert E. Alcoholics Anonymous and the Tyranny of Treatment. Doc Type: SSSP1977870.

After 4 decades of effort, Alcoholics Anonymous has come to dominate the field of alcoholism, not only as a philosophy of recovery but also as a primary treatment modality; for AA, programming is a central (& often exclusive) cornerstone of virtually all treatment efforts. In spite of its success in dealing with untold numbers of alcohol's victims, it is suggested that AA's continuous domination of the field has now come to fetter innovation in treatment programs. AA's antagonism toward nontraditional approaches precludes early intervention as well, for it retains a concept of alcoholism which, although appropriate to the experiences of addictive alcoholics, is irrelevant to the needs and situations of many early-stage alcoholics. While AA is historically the method of choice, it is too limited in its applicability to merit its continued domination of the field.

25. U. S. Congress. Senate. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

13677(70); 91st Congress, 2nd sess., Aug. 3, 1970

Recommends passage with amendment of S. 3835, to establish a National Institute for Prevention and Control of Alcohol Abuse and Alcoholism within the Public Health Service to coordinate all related Federal health, rehabilitation, and social programs; provide for Federal assistance to State and local programs to promote effective treatment and rehabilitation for alcoholics; set procedures for dealing with Federal employees, and prohibit discrimination against alcoholics in Federal employment; and establish a National Advisory Council on Alcohol Abuse and Alcoholism, and an Intergovernmental Coordinating Council on Alcohol Abuse and Alcoholism.

26. U. S. Congress. Senate. Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976. 76-5903. 94th Congress, 2nd sess. 1976.

Hearings before the Subcom on Alcoholism and Narcotics to examine Federal assistance to State and community programs on alcoholism treatment, prevention, and research under the Comprehensive Alcohol Abuse and Alcoholism Act. Includes text of S. 3184 (p. 4-21), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976. Supplementary materials (p. 527-623) contain correspondence, a submitted statement, articles, and: a. Follmann, J. F., Jr., "Role of Insurers in Alcoholism Control" Best's Review, Jan. 1975 (p. 545-552). b. McDonnell Douglas Corp., "Employee's and Supervisors Guide - Alcoholism" (p. 553-563). c. Boston Globe, "Boston Globe Alcohol Recovery Program" Sept. 1975.

27. Cross, J. N. Epidemiologic studies and control programs in alcoholism. I. Public health approach to alcoholism control. Am J Public Health 57 (6):955-64, Jun 67.

No description available.

28. Daggett, L. R.; Rolde, E. J. Decriminalization of public drunkenness: the response of suburban police. Arch Gen Psychiatry 34(8):937-41, Aug 77.

In 1973, Massachusetts abolished the crime of public drunkenness, with the intent that many of the persons who formerly had been arrested on this charge would now be treated at detoxification centers. We studied the effects of this law in the Boston suburbs, with an emphasis on the police response. We found that there has been a paradoxical increase in drinking-related jail cell detentions, and that the police and detoxification centers are dealing with two essentially different and unrelated populations. Police and detoxification officials agree that the suburban detoxification system is irrelevant for dealing with most of the public intoxicants whom the police have always dealt with and whom they continue to deal with.

29. Delession, D. J. The "Modern" Treatment of Alcoholism. Jama 203(4):306, 22 Jan 68.

No description available.

30. Davidson, Anne F. An evaluation of the treatment and aftercare of a hundred alcoholics. British Journal of Addiction, 1976 Sept, Vol 71(3) 217-22.

Conducted a follow-up study of 82 former alcoholic inpatients (mean age, 42 yrs) to evaluate the effectiveness of outpatient groups. Alcoholics Anonymous (AA), re-union meetings, and informal social contacts on Ss' recovery. Results indicate the following: (a) Females found it more difficult to use treatment facilities, and their chances of achieving abstinence were definitely lower, (b) Attendance at outpatient groups and AA were not necessarily required to achieve abstinence. (c) Ss who returned home or went to a hostel tended to remain sober more often than those who did not; Ss who went neither to a home nor to a hostel had a higher relapse rate. (d) Some patients succeeded regardless of whether they had the support of their husband or wife. (e) Unemployment was higher in the relapsed group, and frequent job change was also more prevalent. Ss in unskilled work did not stand as good a chance of making a recovery as those from a professional or white-collar backgrounds.

31. Dealing with alcoholism (editorial). Br Med J 2(6041):902, 16 Oct 76.

No description available.

32. U. S. Congress. Senate. Departments of Labor, and Health, Education, and Welfare Appropriations. 17687(70). 91st Congress, 2nd Sess., 1970.

Continuation of hearings before the Subcom on Depts. of Labor, HEW, and Related Agencies appropriations to consider the FY71 budget request for HEW activities in social, rehabilitation, and special educational services, and for its departmental management. Includes budget justification data throughout.

33. Diffendale, David C. Correlates of continuation in aftercare following inpatient treatment of alcoholics. Dissertation Abstracts International. 1975 Sep. Vol 36(3-B) 1428.

Demographic characteristics and motivation for and family participation in treatment and perceived life areas threatened by alcoholism and interpersonal variables and anxiety and depression and hostility, continuation in aftercare following inpatient treatment, alcoholics.

34. U. S. Congress. House. DC Mayor transmits first report on alcoholism program and planning. 95th Congress, 1st sess., 1977.

No description available.

35. Eagleston, J. R.; Rittenhouse, C. H.; Towle, L. H.; Wiegand, V. K. Development of a Pilot Program for Monitoring and Evaluating the Operation of Ten Dot/NIAA Joint Alcoholism Programs: Evaluation of the ASAP/AC Program. Stanford Research Inst., Menlo Park, Calif. NTIS Document Reproduction Service. PB-246 090/5SL, 1974

The results of final analysis and evaluation of ten alcohol safety action project (ASAP)/Alcoholism Center (AC) projects jointly funded by Department of Transportation and DHEW (NAIAA) and of a pilot program monitoring system developed and implemented by the Stanford Research Institute are reported. The data indicate that the ASAP/AC's are a highly productive mechanism for intervention into alcohol problems and treatment of alcohol abusers and problem drinkers. More specifically, DWI's with a drinking problem seem to be reached earlier in their drinking milieu than their non-DWI client counterparts. They receive more low-cost outpatient treatment, they stay under treatment longer. Moreover, treatment outcome based on client turnover six months after intake seems much more favorable for DWI than for non-DWI cases. The great variability of ASAP and judicial procedures at the different sites is noted, and the paucity of data specific to ASAP processing of DWI's decried.

36. Erickson, Gerald D.; Macht, Arthur J. Providing local services for rural counties. Hospital & Community Psychiatry, 1970 Apr. Vol. 21(4) 128-129.

Outlines the need for small, community-based facilities to provide rehabilitation and moderate to long-term treatment for the mentally ill. The history of Wisconsin's county mental hospital system is briefly described. Recent changes in the organization of that system provide a program of care for 4 largely rural counties with a population of 150,000. The plan utilizes a county psychiatric rehabilitation facility, a hospital providing moderate to long-term care, especially for alcoholics, and a general hospital unit for patients with acute illnesses. State hospitals are rarely used and all types of care are considered appropriate for local services. It is concluded that aspects of this program may be useful to other mental health planning organizations.

37. Evaluation system aids in improving treatment. Alcohol Health and Research World, 1974 Fal Exp Issue 21-24.

Describes the system used by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to evaluate the performance of its network of alcohol treatment centers (ATCs). Each center submits a set of completed questionnaires weekly to the Institute, which compiles monthly, quarterly, and special reports from these data. The reports are sent to all ATCs, so that each can compare its operations with those of any other ATC. Suggestions for improvement are offered to individual centers. The value of the reports depends on how closely the ATC staff studies the data and follows the NIAAA recommendations. Benefits of the evaluation system include improved management and accounting procedures, reduction in costs, better use of staff, more community involvement, new efforts to find and treat the hidden alcoholic, a wider range of services (especially follow-up, aftercare, and youth programs), and expanded use of group therapy.

38. Evans M; Fine, E. W.; Phillips, W. P. Community care for alcoholics and their families. Br Med J 5502:1531-2, 18 Jun 66.

No description available.

39. Farmer, R. G. The team approach in gaining therapeutic experience in eclectic behaviour therapy. Australian Psychologist 1970, Jul. Vol. 5 (2), 157-163.

The eclectic behavior therapist must endeavor to be eclectic even within his own discipline, and should not only be aware of, and be willing to apply in practice, findings from research in the area of behavior therapy itself, but should also consider developments outside this domain. In developing a training program to produce this kind of therapist, with heavy undergraduate emphasis on learning therories, psychophysiology, and research methodology, the most effective way to give postgraduate training in eclectic behavior therapy is to involve the trainee from the beginning, even in fairly difficult cases, in a team approach to therapy. Such a team consisting of 2 experienced behavior therapists and 8 trainee therapists, functioning in a school of applied psychology is described. Team members usually meet only when the need arises, but also have more formal meetings to discuss theoretical issues; this interaction between team members can form a vital part in the training of eclectic therapists. Examples cited of this team approach in training include treatment of a school phobic boy, applying group desensitization techniques to a group of women with sex disorders, and aversion therapy of alcoholics.

40. Fox, R., A multidisciplinary approach to the treatment of alcoholism. Am J Psychiatry 123(7):769-78, Jan 67.

No description available.

41. Fox, R. P. Therapeutic environments. A view of nondyadic treatment situations. Arch Gen Psychiatry 29(4):514-7, Oct 73.

No description available.

42. Fox, V. Editorial: The controlled drinking controversy. Jama 236(7):863, 16 Aug 76.

No description available.

43. Fox, R. Modified group psychotherapy for alcoholics. Postgrad Med 39(3):A134 passim, Mar 66.

No description available.

44a. Gallant, D. M.; Swanson, W. A., The revolving-door alcoholic. An impasse in the treatment of the chronic alcoholic. Arch Gen Psychiatry 28(50:633-5, May 73.

No description available.

44. GAO transmitted report on activities of National Institute on Alcohol Abuse and Alcoholism. U. S. Congress. House. 76-163, 95th Congress, 1st sess., 1977.

No description available.

45. Gertler, R.; Raynes, A. E.; Harris, N. Assessment of attendence and outcome at an outpatient alcoholism clinic. Quarterly Journal of Studies on Alcohol, 1973 Spet, Vol 34(3, Pt.A) 955-959.

A questionnaire was completed by 97 patients during attendance at a hospital alcoholism clinic. The average patient age was about 43 years, 33 were women, 86 were white, most were of low social class, and single, divorced, or separated. One year later 20 Ss were still attending the clinic. No significant differences were found between the attenders and dropouts in sex, race, age, marital status, length of alcoholism history, hospitalization history, frequency of clinic attendance, or in Barron Ego Strength scores. Sitnificantly more attenders, however, had experienced at least 1 year periods of abstinence prior to treatment (20 vs 14%,<p .01). During the year of attendance at the clinic, 13 of the 20 had been drinking, 12 had not been regularly employed. No biographic or demographic characteristics were related to abstenance.

46. Glaser, Frederick B.; Greenberg, Stephanie W. Relationship between treatment facilities and prevalence of alcoholism and drug abuse. Journal of Studies on Alcohol, 1975 Mar. Vol 36(3) 348-358.

Presents data from a 1971-1972 survey of drug-abuse treatment programs and a 1973 prevalence study which suggest that, in in Pennsylvania, the availability of treatment of drug abuse and alcoholism is inversely related to the prevalence of the problems. It is hypothesized that as the treatment response to one increases, the treatment response to the other declines. Some of the possible causes and consequences are outlined.

47. Grant, M.; Tatham, R. J. The District of Columbia's experiences with the alcoholic. JAMA 202(10):931-4, 4 Dec 67.

No description available.

48. Green, Kenneth M. Don't blame the policeman! Addiction Research Foundation, Canada's Mental Health, 1968. 16(5), 16-17.

Examines the problem of treating the alcoholic and the lack of cooperation from the professional community in handling this problem.

49. Group therapy for alcoholism. Lancet 2(411):538-9, 11 Sep 65.

No description available.

50. Gruner, W.; Schulte, W. Alcoholism, a diagnostic and therapeutic problem for the general practitioner. Psychotherapie und medizinische Psychologie, 1974 Nov. Vol 24(6), 224-232. (Universitats-Nervenklinik, Tubingen, W. Germany)

Presents a guide for the general practitioner (GP). The classification of types of alcoholics, based on Jellinek, can facilitate diagnosis and the choice of adequate treatment. The main function of the GP is to act as an intermediary who knows about the many factors causing alcoholism and the available treatment facilities. Physical, psychological, and social forms of treatment are discussed. Guidelines are given which should facilitate dealing with alcoholics and reduse the problems inherent in facing them.

51. Hampden-Turner, Charles. Sane Asylum: Inside the Delancey Street Foundation. San Francisco, Ca: San Francisco Book, 1976, 296 p.

Describes the operation, goals, and outcomes of the Delancey Street Foundation in San Francisco, a structured, self-help residential program for former drug addicts, alcoholics, and criminal offenders. From its founding only 5 years ago, Delancy has grown into a self-supporting community of 350 residents, owns several mansions and apartment complexes, and operates its own businesses, schools, and credit union, all without federal support.

52. U. S. Congress. Senate. 7600-14974, 94th Congress, 2nd Session, 1976. Health: General

Hathaway critical of Acministrations's and Republican Party's position on health care; refs to enforcement of utilization review, intermediary accountability, community health centers, emergency medical services, mental health services, alcoholism programs, and the Administration's veto of the Health Services Act.

53. U. S. Congress. House. Health Services and Health Revenue Sharing, Part 2. 74-603118. 93rd Congress, 2nd Session, 1975

Committee Serial No. 93-87. Continuation of hearings before the Subcom on Public Health and Environment on H.R. 11511, H. R. 11518, H.R. 11845, H.R. 12892 and numerous related bills on health services and health revenue sharing proposals. This volume focuses on community mental health centers (CMHC's_, family planning, developmental disabilities (DD), neighborhood health centers, and health care for migrant laborers.

54. Hedberg, Allan G.; Campbell, Lowell. A comparison of four behavioral treatments of alcoholism. Journal of Behavior Therapy & Experimental Psychiatry. 1974 Dec. Vol 5(3-4), 251-256.

45 male and 4 female alcoholics (mean age, 38 years) were administered either a behavioral family counseling, systematic desensitization, covert sensitization, or a shock presentation treatment program. The treatment program was conducted in an outpatient setting using both professional and paraprofessional therapists. Each S's therapy regime adhered to a standardized sequence of treatment sessions over a 1-year period. Additionally, each S was offered the opportunity to establish a treatment goal of either controlled drinking or complete abstinence. Data indicate that behavioral family counseling was the most effective alcoholism treatment method of the 4 procedures studied. Systematic desensitization was highly effective in modifying excessive alcohol consumption, with covert sesitization being only moderately effective. Presentation of shock resulted in little behavior change, suggesting that the procedure may have only limited utility for alcoholism treatment in an outpatient facility. Controlled drinking appeared to be an appropriate and practical treatment alternative to the traditional treatment program requirement of complete abstinence. Implications for the operation of behavioral alcoholism treatment programs in outpatient facilities are summarized and discussed.

55. Helping San Diego's disadvantaged. Alcohol Health & Research World, 1973-74, Win Exp Issue, 11-13.

Describes the Alcoholism Counseling and Education Center, a storefront, served by 4 counselors, that attends to the needs of alcoholics in the community. The Center provided individual counseling, uses film strips for educational purposes, and helps obtain treatment leading to vocational rehabilitation. The "Winner's Circle" concept is utilized for and by graduates of the program. A main reason for the Center's success is its ability to help the client define his goals specifically and realistically.

56. Holder, H. D.; Hallan, J. Systems approach to planning alcoholism programs in North Carolina. Am J Public Health 62(10:1415-21, Oct 72.

No description available.

57. Holder, H. D.; Stratas, N. E. A systems approach to alcoholism programming. Am J. Psychiatry 129(1):32-7, Jul 72.

No description Available.

58. U. S. Congress. House. Howe praising alcoholism prevention program operating in his district; inserts history of the Cottage Meeting Program. 94th Congress, 2nd Session. 1976.

59. Hunt, George M.; Azrin, N. H. A community-reinforcement approach to alcoholism. Behaviour Research & Therapy, 1973 Feb., Vol. 11(1) 91-101

Employed an operant reinforcement approach to develop a new procedure that rearranged community reinforcers (e.g., the job, family, and social relations of the alcoholic) such that drinking produced a time-out from a high density of reinforcement. Results show that Ss who received this community-reinforcement counseling drank less, worked more, and spent more time with their families and out of institutions than did a matched control group who did not receive these procedures. This new approach is concluded to be an effective method of reducing alcoholism. An analysis in reinforcement terms is presented of the etiology, epidemiology, and treatment of alcoholism.

60. U. S. Congress. Senate. Javits inserts Wash Post article re efforts to eliminate alcoholism in lower east side, NY City. 94th Congress, 2nd Session, 1976.

61. Johns, Max; Boras, Kenneth W.; Harrison, Joseph W. Benefit-Cost Analysis of alcoholism treatment centers. Volume II. JWK International Corp. Annandale, VA. National Inst. on Alcohol Abuse and Alcoholism 392-067, 1976.

Seeking to measure the economic benefits and costs of alcoholism treatment. The purpose of the study was to asses the economic impact of alcoholism treatment, which is provided by treatment centers funded by the National Institute on Alcohol Abuse and Alcoholism. The study focuses on clients who entered NIAAA alcoholism treatment centers (ATCS) during the first half of 1974. Measured in this study were treatment benefits from several sources, primarily earnings gains, reduced health care system costs, and reduced motor vehicle accident costs. The principal contributions of this study are the development of a benefit/cost methodology and its application to the data currently available on the NIAAA system's operations.

62. Jones, Robert W.; Helrich, Alice R. Treatment of alcoholism by physicians in private practice: A national survey. Quarterly Journal of Studies on Alcohol, 1972 Mar Vol. 33(1-A) 117-131, 1974

Mailed a questionnaire to 88,302 physicians in private practice, 15,009 (17.5%) returned usable responses. Most Ss had seen 3 or more problem-drinking patients in the previous 2 mo. of whom over 25% were women and over 50% were diagnosed as alcoholics. A minority described their community alcoholism treatment resources as adequate. Most Ss believed that the chief cause of alcoholism was personality or emotional factors. Over 90% used medications in the treatment of alcoholism.

63. Kalb, M.; Propper, M. S. The future of alcohology: craft or science? Am J. Psychiatry, 133(6):641-5, Jun 1976

The authors discuss the problems that have resulted from the influx of professionals into the field of alcoholism, which has historically been dominated by paraprofession workers. The interaction of the professional alcohologist, who operates from a scientific model, with the paraprofessional worker, whose model of treatment has followed craft lines, has created unique problems and tensions. A synergism has been created which has been detrimental rather than complementary. The autbors suggest that the future of the alcoholism field will have to be established along craft (paraprofessional) or scientific (professional) lines because the two medels cannot profitably co-exist.

64. U. S. Congress. Senate. Kennedy critical of low spending levels for sundry health programs including community health centers, HMO's, rat control, community mental health centers and community alcoholism programs. 94th Congress, 2nd Session, 1976.

No description available.

65. Korcok, M. Lalonde proposes preventive medicine to combat alcohol abuse. Can Med. Assoc. J. 115(3):260-3, 7 Aug. 76.

No description available.

66. Kubicka, L.; Pintova, M. One-year follow-up study of 209 voluntary patients of the department for alcoholics at Apolinar. Ceskoslovenska Psychiatrie, 1973 Oct. Vol. 69(5), 289-302.

Studied the effects on male alcoholics of 13 weeks of a standardized rehabilitation program, consisting of group treatment in a therapeutic community and administration of Antabuse and Vitamins B12 and C. Catamnesic information, independently collected by social workers of the consultation centers for alsoholics and b y one of the investigators, showed significant agreement but there was a slight tendency for the social workers to report more favorable results. The findings show that 58.5% of Ss who finished treatment and 21.5% of the dropouts achieved a full year of abstinence. Most of the treated alcoholics also showed improved social adaptation.

67. Kuhne, G. E. Experiences with the patient group in the system of a flexible rehabilitation program in psychiatry. Psychiatrie, Neurologie und medizinische Psychologie, 1970, 22(1), 25-29.

Reports the successful experience of an informal psychiatric patient group associated with a university medical clinic. The group has had 195 members over 1 1/2 yr. The majority were between 21-40 yr. of age and slightly more than 1/2 were women. Alcoholics were rare; most were schizophrenics, which along with manic-depressives and involutional psychotic syndromes constituted the majority. This intermediary form of semi in patient treatment fulfills an urgent need.

68. MacLennan, Beryce W.; Levy, Naomi. A summary of group psychotherapy literature 1970. International Journal of Group Psychotherapy, 1971, Jul. Vol. 21(3), 345-380. Vol. 21(3), 345-380.

Reviews the literature on: approaches to (a) self-development groups including encounter, marathon, and sensitivity training; (b) group psychotherapy including history and reviews, general outpatient groups (development of the group, problems and techniques in group management, videotape, and therapy and the arts), treatment of severely disturbed patients (suicide) inpatient treatment (the milieu, and group therapy in the hospital), aftercare and partial hospitalization, outpatients, children, the aged, adolescents, college students, multiple family group therapy, marital group therapy, special populations (alcoholics, drug addicts, compulsive smokers, gamblers, sex offenders, general offenders, women's liberation, poverty groups, minority groups, and psychosomatic medicine); (c) community mental health (groups in community mental health consultation and education); (d) training; and (e) research. It is concluded that the major trends in the last year have attempted to evaluate, control, and incorporate many of the innovations as well as evaluation of the encounter movement.

69. Maggs, R. Letter: Treatment of alcoholism. Br Med J 3(5977): 26 Jul 75.

No description available.

70. Marquis, Paul A. Alcoholics' treatment and rehabilitation. Laval Medical 1971, Jun, Vol. 42(6), 604-610.

Stresses that success in treating the alcoholic depends on the total treatment environment and s's motivation to accept treatment. The latter involves (a) self-admission of the condition, (b) realization that change is possible, and (c) seeking out a specialist. Principles for guiding therapy and the benefit of a multidisciplinary therapeutic team are elaborated. Treatment modalities (i.e., individual and group therapy, discussion, role-playing, and audiovisual techniques) are discussed. The use of therapeutic resources (i.e., community help, consultation centers, etc.) is suggested. It is considered essential that the therapist acquire an in-depth knowledge of the dynamic psychopathology of his alcoholic patients.

71. Maters, Wendy. The quarterway house. Alcohol Health & Research World. 1973 Sum Experimental Issue 21-24.

Describes a quarterway house for alcoholics, developed in cooperation with a general hospital. The 14-day program includes rehabilitation, re-education, occupational study, and follow-up. Staffing and procedures are presented in some detail.

72. Meislin, Jack et al. Rehabilitation medicine and psychiatry. Springfield, Il: Charles C. Thomas, 1976, xxxvi, 526 p.

Treats the holistic approach to the disabled individual, the concern with his total medical, emotional, social, educational, and vocational needs. Process and methodology are described.

Chapters and sections deal with mental and brain-damaged patients, alcoholics, geriatric patients, and the mentally retarded, and treatment systems such as state and Veterans Administration programs and community mental health centers. The roles of the psychiatrist, psychologist, social worker, psychiatric nurse, and rehabilitation coordinator are discussed.

73. Merry, J. Causes and Prevention of alcohol abuse. Lancet 1(800): 421, 24 Feb 73.

No description available

74. Merry, J. Controlled drinking for alcoholism. Br Med J 3(817): 51, 1 Jul 72.

No description available.

75. Miller, P. M. A behavioral intervention program for chronic public drunkenness offenders. Arch Gen Psychiatry 32(7): 915-8, Jul 1975.

A reinforcement contingency management system for ten chronic public drunkenness offenders was evaluated for short-term effects. Chronic inebriates were provided with required goods and services through skid row community agencies contingent on their sobriety. Intoxication resulted in a five-day suspension of all goods and services. Excessive drinking behavior was assessed by direct observations of intoxication and by randomly administered breath alcohol analyses. As a result of this intervention, subjects substantially decreased their number of public drunkenness arrests and their alcohol consumption, and increased their number of hours employed. No such changes were observed in a control group that received services on a noncontingent basis. Longer-term research studies of one to two years rather than a few months would be required before any widespread use of this approach would be warranted.

76. Miller, P.M.; Barlow, D.H. Behavioral approaches to the treatment of alcoholism. J Nerv Ment Dis 157(1):10-20, Jul 73.

No description available.

77. Miller, S.; Helmick, E.; Berg, L.; Nutting, P.; Shorr, G. Alcoholism: a statewide program evaluation. Am J Psychiatry 131(2):210-4, Feb 74.

No description available.

78. U. S. Congress. Senate. Moss inserts article from the Murray, UT, Eagle-Advertiser describing an experimental program in alcoholism education operating in Salt Lake City. 7600-6267. 94th Congress, 2nd Session, 1976.

79. U. S. Congress. Senate. Moss praising U. S. Jaycees' Operation

Threshold, a grass -roots effort to combat alcoholism. 7600-4806. 94th Congress, 2nd Session, 1976.

80. New Jersey Plan for the Prevention and Treatment of Alcoholism. New Jersey State Department of Health, Trenton. 1976, 248 p.

The 1976-1977 New Jersey plan for the prevention and treatment of alcoholism is discussed. The plan was prepared pursuant to the comprehensive alcohol abuse and alcoholism prevention and rehabilitation act of 1970, P.L. 91-616, Title III, Part A. This act authorizes formula grants to states to assist in planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs to deal with alcohol abuse and alcoholism. The planning process adopted by the New Jersey advisory council on alcohol problems for the plan's development was goal-oriented. The plan is divided into three major sections: (1) assessment of need (data and demographic statistics with selected forecasts and commentary relating to alcoholism); (2) resources and systems for implementation (services, organization structures, procedures, and resources which exist toward meeting identified alcoholism-related needs); and (3) goals, objectives, courses of action, and evaluation for 1976-1977 (value judgments about the degree of change desired, specific actions to be undertaken, and their quality assessment).

81. Orcutt, James D.; Cairl, Richard E. Neighborhood reactions to a community-based treatment center for alcoholics. Journal of Studies on Alcohol, 1976 May, Vol. 37(5), 619-631.

Survey data from residents of a neighborhood near a controversial community-based treatment center for alcoholics were compared with data from a similar neighborhood with no treatment facility. Results suggest that neighborhood opposition to such facilities may not be as intense as is commonly thought.

82. Ozarin, Lucy D.; Witkin, Michael J. Halfway houses for the mentally ill and alcoholics: A 1973 survey. Hospital & Community Psychiatry, 1975 Feb. Vol. 26(2) 101-103.

Identified 209 facilities primarily for psychiatric patients and 597 for alcoholics. The largest percentage of patients in both groups of facilities return to independent living; 15% of the psychiatric patients are readmitted to hospitals.

83. Pattison, E.M. Ten years of change in alcoholism treatment and delivery systems. Am J Psychiatry 134(3):261-6, Mar 77.

The author reviews the major advances in concepts and methods that have been made in the treatment of alcoholism over the past decade but finds little change in the everyday operation of treatment programs. He examines the ideological differences between professionals and paraprofessionals in the field, the changes in treatment goals that have been made, the different types of alcoholic patients and their different needs and responses to treatment, the uses and misuses of drug therapies, the relatively unexamined values of psychotherapy, the recently successful behavioral therapies, and treatment delivery systems and their evaluation.

84. Pattison, E. Mansell; Coe, Ronald; Rhodes, Robert J. Evaluation of alcoholism treatment; A comparison of three facilities. Archives of General Psychiatry 1969, 20(4), 478-488.

Examined the mutual interactive relationships between alcoholic patient populations, treatment facility philosophies and methods, and treatment outcome. 3 different alcoholism treatment facilities were selected for study: an aversion-conditioning hospital, a half-way house, and an outpatient psychotherapy clinic. A patient sample from each facility was rated at the time of intake on scales of life, health adaptation: Drinking, Interpersonal, Vocational, and Physical Health. The ratings were repeated a minumum of 1 year after discharge. The characteristics of each facility were described in terms of their own philosophy on the etiology of alcoholism, their methods of intervention, and their criteria of successful treatment. The population at each facility were found to vary significantly between each other at intake. At follow-up the populations at each facility obtained similar ratings. However an examination of relative change on each variable of health adaptation revealed a different picture. The 3 populations each entered treatment at a different level of adaptation, and had different degrees of relative improvement on each variable of health adaptation. Each of 3 populations tend to improve in different ways that vary according to the role of alcoholism in their lives, their rehabilitation needs, and the methods and goals of the facility to which they went. It is suggested that each of the 3 facilities and their alcoholic populations are relatively distinct social systems.

85. Poppen, R. Working to obtain alcohol: a reevaluation. Am J Psychiatry 128(10):1316, Apr 72.

No description available.

86. U. S. Congress. House. Pressler salutes South Dakota program to combat alcoholism. "Operation Cork". 7726-387. 95th Congress, 1st Session, 1977.

87. Proceedings: Seminar on public health services and the public inebriate. National Inst. on Alcohol Abuse and Alcoholism, Rockville, Md. Special Projects Branch. 1975.

Proceedings of a seminar on public health services and the public inebriate, sponsored in May 1973 by the Division of Special Treatment and Rehabilitation programs of the National Institute on Alcohol Abuse and Alcoholism, are reported. The purpose of the seminar was to assist in the development of guidelines or policies for community services to public inebriates through establishment of a coninuing dialogue between institute staff and representatives of public and private local organizations dealing with problems of chronic and debilitating alcoholism across the country. Fifteen individuals participated. Papers were presented on the following: Public health services and the culture of 'Skid row Bums', the role of the law in improving the quality of life of these public inebriates, and interaction between skid row people and law enforcement and health professionals. The discussion session which followed the presentations is also included.

88. Rachman, S. Controlled drinking for alcoholism. Br Med J 2(813): 591, 3 Jun 72.

No description available.

89. U. S. Congress. House. Randall statement praising React. Inc., an organization providing individual counseling for persons suffering from alcoholism. 7600-15731. 94th Congress, 2nd Sess. 1976.

90. Ransom, Raymond A. Comprehensive alcoholism program. Psychiatric Annals, 1974 May Vol 4(5) 73-83.

Describes the major treatment goals and strategies of a multiservice, multidisciplinary alcoholism treatment program at Harlem Hospital Center. Facilities include a detoxification unit, an outpatient clinic, and a therapeutic halfway house. Following complete medical and psychiatric evaluation, patients are referred to appropriate clinics and given supportive family and individual psychotherapy. Rehabilitation and training are stressed, and strong ties are maintained with Alcoholics Anonymous and similar organizations. The need to understand the sociocultural backgrounds of patients, and to include recovered alcoholics and individuals of similar backgrounds on the staff is stressed.

91. Rosenbarger, Maxine. An investigation of selected community alcoholism resources and facilities and their relationship to post-hospitalization adjustment of male alcoholics. Dissertation Abstracts International 1971, Apr. Vol 31(10B), 6092.

No description available.

92. Rothstein, E. Problem oriented records for alcoholism programs. JAMA 224(4):527-8, 23 Apr 73.

No description available.

93. Ruggles, W. Lee; Mothershead, Ann; Pyszka, Ronald; Lobbell, Maria; Lotridge, Jean. A Follow-up study of clients at selected alcoholism treatment centers funded by NIAAA. Stanford Research Inst. Menlo Park, Calif. National Inst. on Alcohol Abuse and Alcoholism, Rockville, Mr. 332 500

The document provided data supplementary to that reported in May 1975 by the Stanford Research Institute in its 18-month follow-up study of clients at selected alcoholism treatment centers (ATC) funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Included is information on: (1) Treatment modalities; (2) Treatment, institutionalization, and income; (3) The assignment of homeless clients to treatment settings; (4) Recidivism; (5) Changes in earnings and sources of income; (6) Outcome as related to family counseling and referral source; and (7) Client characteristics and attitudes. Some of the findings derive from additional analysis of the original follow-up study data base, and the rest comprise additional data collected on site at the same eight NIAAA-supported ATC's which were evaluated in the 1975 report. In addition to the results of the added data analysis, full reports or the individual site visits and appendix material on the amount of drinking by center are presented.

94. U. S. Congress. House. *San Antonio Alcohol Safety Action Project.* 76-3857. 94th Congress, 1st Sess. 1976.

Committee Serial No. 94-32. Hearing held in San Antonio, Tex., before the Subcom on Investigations and Review to take testimony on the San Antonio Alcohol Safety Action Project (ASAP), a federally and locally funded program to study and reduce traffic accident problems created by driving-while-intoxicated (DWI) persons.

95. Schuckit, Marc A. *Alcoholism Treatment as a means of prevention.* Naval Health Research Center, San Diego Calif. 391842.

Alcoholism Treatment programs have enlarged their scope from primary patient care alone to treatment plus prevention. Prevention efforts need to be tested in a controlled fachion before large-scale programs are initiated. Treatment centers offer the opportunity for inexpensive research to find preventative methods. Recommendations are given for development and evaluation of alcoholism prevention programs.

96. Scott, Edward M. *An arena for happiness.* Oregon Alcohol & Drug Treatment & Training Center, Portland; Springfield, Ill.: Charles C. Thomas, 1971, xiii, 124 p.

97. U. S. Congress. Senate. *Senate C/Labor approved an original bill authorizing FY77-79 programs for alcoholism programs.* 7600-8094. 94th Congress, 2nd Sess, 1976.

98. U. S. Congress. House. *S/HEW transmits annual report of National Institute on Alcohol Abuse and Alcoholism; Exec. Comm.* 7701-1213. 95th Congress, 1st Sess. 1977.

99. U. S. Congress. Senate. *S. 1157 Tower (9) to provide that states be assured of receiving alcoholism abuse and prevention treatment grants at a level equal to that received prior to July 26, 1976.* 7712-474. 95th Congress, 1st Sess. 1977.

100. U. S. Congress. Senate. *SC/Labor approved original bill authorizing FY77 programs for alcoholism prevention and treatment.* 7600-5881. 94th Congress, 2nd Sess. 1976.

101. Skala, J.; Matova, A.; Hrodkova, J; Homolkova, J. A marking system and therapeutic community. Ceskoslovenska Psychiatrie, 1973 Oct Vol 69(5) 303-309.

Outlines the point system of one of the 10 psychiatric clinics for alcoholics and drug addicts in Czechoslovakia that use rewards and penalties as their principal treatment. The "Apolinarius" treatment center founded by J. Skala in 1952 rigorously pursues the goal of permanent and absolute abstinence. Its system of points is evaluated as purposeful and effective but also as very demanding: in the first 3 weeks 40% of the men and 30% of the women who voluntarily enter the program drop out.

102. State of Ohio Annual Performance Report on Drug Abuse Prevention. Ohio Dept. of Mental Health and Mental Retardation, Bureau of Drug Abuse, March 1974-April 1975.

The impact of Ohio's first comprehensive plan for managing and coordinating drug abuse prevention activities and for eliminating gaps in services is examined after the first full year of plan implementation. Accompanying the report is an action plan for fiscal year 1976. The report opens with an overview of the state drug abuse problem and the prevention program. Organizational and functional responsibilities for drug abuse prevention activities are described, as is the coordination of program plans. The community project review process is outlined, followed by a description of the nature and extent of the drug abuse problem in Ohio. Program response to the problem is described in the areas of treatment and rehabilitation, education and prevention, training and manpower development, and research. Usefulness of the action plan is assessed, and suggestions for improving the plan are offered. Program emphasis on financing, involvement of womenand minority groups, rural area programming, services to abusers within the criminal justice system, community mental health center services for drug abusers, the relationship between the state drug abuse and alcohol abuse programs, and state-regional activities is discussed.

103. Steinglass, P.; Weiner, S.; Mendelson, J.H. A systems approach to alcoholism. A model and its clinical application. Arch Gen Psychiatry 24(5):401-8, May 71.

No description available.

104. Steinglass, Peter; Weiner, Sheldon; Mendelson, Jack H. Interactional issues as determinants of alcoholism. American Journal of Psychiatry, 1971, Sep. Vol. 128(3), 275-280.

Describes the patterns of interactional behavior of 3 familial pairs of chronic alcoholics before, during, and after a 14-day period of experimentally induced intoxication. Their observations have led them to propose that alcoholic behavior can best be understood in the context of how it contributes to the functioning of an ongoing system. Each of the 3 pairs described split up at the conclusion of the study; it is speculated that the rigidity of their drinking systems made them particularly susceptible to the "therapeutic" interventions inherent in the study conditions. In a post-discussion P. Hartocollis argues in terms of individual needs vis-a-vis system roles, and it is noted that the study did not indicate what happened to the drinking behavior on the break up of the dyad.

105. Swint, J.M.; Nelson, W. B. The application of economic analysis to evaluation of alcoholism rehabilitation programs. Inquiry 14(1):63-72, Mar 77.

We have presented an algorithm designed to facilitate the application of economic analysis to the evaluation of individual alcoholism rehabilitation programs. In doing so we have attempted to delineate the limitations of such analyses as well as the type and value of information they provide. After a brief review of the basic principles of cost-benefit analysis and a listing of the economic costs of alcoholism, a case study was developed as an heuristic device to illustrate the algorithm and the potential utility of cost-benefit analysis, particularly when used in conjunction with sensitivity analysis, as a logical framework for the evaluation effort.

106. U. S. Congress. House. Tampa, Fla., Alcohol Safety Action PROject. 77-2575. 94th Congress, 2nd Sess. 1976.

Committee Serial No. 94-69. Hearing held in Tampa, Fla. before the Subcom on Investigations and Review to consider progress and problems of the Tampa Alcohol Safety Action Project (ASAP), a federally funded demonstration program for the apprehension, prosecution, and rehabilitation of persons driving while intoxicated.

107. Teicher, Joseph D.; Sinay, Ruth D.; Stumphauzer, Jerome S. Training community-based paraprofessionals as behavior therapists with families of alcohol-abusing adolescents. American Journal of Psychiatry, 1976 Jul. Vol 133(7) 847-850.

To combat the increase in chronic alcohol use among adolescents in a large metropolitan area, community-bases paraprofessionals who were trained in behavior therapy treated these adolescents and their families in the home. Preliminary evaluation of the program revealed encouraging results. Training supplied structure for the paraprofessionals' interventions with families and provided them with skills they are continuing to use in their community work.

108. Thurman, Don G. The development of a community alcohol rehabilitation unit. Rehabilitation Research & Practice Review, 1970 Win Vol. 2-(1) 41-60.

Describes problems and characteristics of alcoholics and the change in treatment from punishment to the provision of mental health and other services. Legislation encouraging such services is noted. The development of alcohol units with systematic treatment plans as part of community health centers is advocated. The use of attitude therapy and halfway house or group lodge living arrangements are proposed. Educational programs and the provision of information on available services are considered as are positions which should be included in the organizational structure of a community alcohol unit.

109. Todd, Richard Ray; Mond, Jonathan. An approach to planning organizational transition. Public Admin. Review V37 N5, Sept./Oct. 1977 P534-538.

The State of Arizona is currently pursuing the concept of integration of behavioral health services. Integration would ideally improve the efficiency and effectiveness of mental health, drug abuse, and alcoholism programs and make them readily available to all residents of a health service area. The community organization for drug abuse control (CODAC) was a non-profit umbrella agency for the delivery of several drug abuse services throughout the city of Phoenix and Maricopa County. The singular focus of CODAC made its survival dubious under the new integration plan. CODAC found itself faced with either going out of business or emerging as a new regional behavioral health agency. Planning for this transition was undertaken through a systems approach called Force Field Analysis. It is a way of analyzing an objective and defining as accurately as possible those forces facilitating or inhibiting its attainment. Table

110. Treatment of habitual drunken offenders. Br Med J. 1(750):621, 20 Mar 71.

No description available.

111. Watson, John Mark. Some Problems of Evaluation Research: The Case of Alcoholism Treatment Programs. Tennessee Technological U., Cookeville 38501.

Problems encountered by the researcher relating to alcoholism programs are scrutinized. Problems include difficulties of defining success in dealing with alcoholics due to a lack of clear-cut program or individual treatment goals, multiple treatment modalities, changing records systems, and poor records in general. Other problems include the antiintellectual bias in the field of alcoholism, competition among the behavioral and medical sciences for the "territory" of alcoholism, fear of scrutiny among program personnel, and legal complications associated with access to confidential patients' records. Multiple funding sources, personnel turnover, and the scattered location of clients, records, and services also complicate analysis. Discussed also is the necessity of outside evaluation of programs and problems this can create when the agency has an internal planning and evaluation program.

112. Whittington, H. G. Alcoholism in Denver. Denver Dept. of Health & Hosp., Div. of Psychiatric Services, Colo. 162-170.

No description available.

113. U. S. Congress. Senate. Young inserts article praising Minneapolis potato broker, Jody Gumlia. Mrs. Gumlia is also active in efforts to combat alcoholism. 7600-1764. 94th Congress, 2nd Sess. 1976.

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1. Adams, H.P. Diphenylhydantoin in the treatment of alcohol withdrawal. JAMA 218(4):598, 25 Oct 71.

   No description available.

2. Alcoholism. Lancet 1(754):784, 8 Apr 72.

   No description available.

3. Alcoholism program at the Rutland Heights Hospital. N Engl J Med 286(23):1265, 8 Jun 72.

   No description available.

4. Alcoholism treatment package (editorial), The. Lancet 2(8036): 488-90, 3 Sep 77.

   No description available.

5. Baekeland, F.; Lundwall, L.; Shanahan, T.J. Correlates of patient attrition in the outpatient treatment of alcoholism. J Nerv Ment Dis 157(2):99-107, Aug 73.

   No description available.

6. Bailey, M.B., Epidemiologic studies and control programs in alcoholism. Some issues in epidemiologic surveys of alcoholism. Am J Public Health 57(6):987-91, Jun 67.

7. Barchha, R.; Stewart, M.A.; Guze, S.B. The prevalence of alcoholism among general hospital ward patients. Am J Psychiatry 125(5):681-4, Nov 68.

   No description available.

8. Barton, W.E., Deficits in the treatment of alcoholism and recommendations for correction. Am J Psychiatry 124(12): 1679-86, Jun 68.

   No description available.

9. Bell, R.G. Alcohol dependence: disulfiram implants (editorial). Can Med Assoc J. 116(12);1333-5, 18 Jun 77.

   No description available.

10. Genjafield, J.G.; Rutter, L.F. Alcohol addiction. Lancet 2(772); 330, 12 Aug 72.

    No description available.

11. Bennie, E.H.; Kinnell, H.G. Letter:Dangerous offenders. Lancet 2(7948):1303, 27 Dec 75.

No description availble.

12. Bishop, Barbara R.; Beckman, Linda. Conformity and imitation among hospitalized patients. Journal of Clinical Psychology 1971, Oct. Vol. 27 (4), 529-532.

105 ss (paranoid schizophrencis, alcoholics, adolescent behavior problems, and normal college students) participated in a dual experiment of imitaiton and conformity. Results are presented for a conformity situation, an imitation situation, and between conformity and total imitation; (a)adolescents conformed more than the normal college ss; (b)alcoholics conformed less than normal college ss and adolescents; (c)paranoid schizophrenic ss conformed less than adolescents; and (d)paranoid schizophrenic ss demonstrated fewer total and partial imitation responses than the other 3 groups. No correlation between conformity and imitation scores for any of the 4 diagnostic groups occurred.

13. Blaney, Roger; Radford, Inge S.; MacKenzie, Gilbert. A Belfast study of the prediction of outcome in the treatment of alcoholism. British Journal of Addiction, 1975 Mar Vol 70 (1) 41-50.

Studied 114 and 104 alcoholic inpatients, respectively, at the 1 main alcoholism treatment facilities serving the Belfast area, a general psychiatric hospital and a specialized unit. Ss were successfully followed up with the aim of establishing whether it was possible to predict the outcome of treatment on the basis of certain variables. It is concluded that the varibles investigated did not show a strong or consistent enough association with outcome to provide a reliable method of prediction. The results do show a close relationship between outcome and time-lapse following discharge and a substantial difference in outcome patterns between the 2 facilities studied. (21 ref.)

14. Boothroyd, W.; Bell, G.; Ettinger, G.H.; Hall, Wl.; Hilliard, I.; Macdonald, I.; Silversides, J.L. Medical care of the alcoholic patient. Can Med Assoc J. 95(9):407-9, 27 Aug 66.

No description available.

15. Bort, R.F., Ambulatory management in alcoholism. Am Fam Physician, 16(5):131-4, Nov 77.

In the acute phase, management begins with ruling out conditions that would require hospitalization. Moderate withdrawal symptoms in susceptible patients require substitution medication which can be monitored on an outpatient basis. In the subacute phase, after withdrawal, frequent visits, family education and judicious use of drugs are required. Depressive reactions are common. There are no reliable indexes for predicting the success of a return to controlled drinking.

16. Bridges, P.K. Diagnosing alcoholism. Lancet 2(783):928, 28 Oct 72.

No description available.

17. Bromet, E.J.; Moos, R.H.; Bliss, F. The social climate of alcoholism treatment programs. Arch Gen Psychiatry 33(8) 910-6, Aug 76.

The social climate of four residentaial alcoholism treatment programs was assessed with the Community-Oriented Programs Enviornment Scale (COPES). The programs differed in terms of their treatment orientations (aversion-Conditioning, Milieu therapy) and the socio-demographic characteristics of the patients admitted. Results showed that (1) COPES profiles distinquished between the four alcoholism programs in ways that were consistent with their respective treatment orientations; (2) the type of patient admitted to these programs did not systematically affect their treatment environment; and (3) changes occurring within an alcoholism program resulted in corresponding changes in relevant dimensions of the treatment environment. We also discuss the practical utility of the COPES for assessing alcoholism programs.

18. Browne-Mayers, A.N.; Seelye, E.E.; Brown, D.E. Reorganized alcoholism service. Two years after. JAMA 224(2):233-5, 9 Apr 73.

No description available.

19. Burnett, G.B.; Reading, H.W. Drug interactions in alcoholism treatment. Lancet 1(591):415, 22 Feb 69.

No description available.

20. Burnum, J.F. Outlook for treating patients with self-destructive habits. Ann Intern Med 81(3):387-93, Sept 74.

No description available.

21. Canter, Francis M. Treatment participation related to hospitalization goals of alcoholic patients and their families. Psychiatric Quarterly 1972 Vol. 46(1)81-94.

Studied 3 groups (N=105) of male hospitalized alcoholics and related the expectancies from hospitalization of the group. Ss whose relatives visited them and agreed upon goals, as well as Ss who had no relatives, particpated better than Ss whose relatives visited but disagreed on goals, or those whose relatives could have visited but did not. Ss' and relatives' expectancies for psychological help were associated with better participation than in cases where expectancies were only for physical help. It is concluded that motivation for treatment is a complex matter involving not only the patient's goals but his pattern of communication with family members, and in some circumstances, having no family provides a better prognosis than having a nonsupporting or poorly communicating family.

22. Carreer, J.; Baron, J.C. Towards a long-term dynamic therapy for chronic alcoholism. Annales Medico-Psychologiques 1968, 1(2), 258-262.

"The criteria that define alcoholism reflect our cultural circumstances." Discusses the ambivalency and hypocrisy that exist with respect to alcoholism. Emphasis is placed on the necessity for treatment centers in the area of recruitment in order to provide long-term dynamic therapy that will substitute pathogenic factors with counteracting procedures. Microgroup psychotherapy, consisting of 1 patient and 2 psychitrists, is believed to offer significant advanteges during the initial period.

23. Case records of the Massachusetts general hospital. Case 3-1966. N Engl J Med 274(3):150-9, 20 Jan 66.

No description availab le.

24. Case records of the Massachusetts General Hospital. Case 5-1966. N Engl J Med 274(5):271-6, 2 Feb 66.

No description available.

25. Chafetz, M.E. Reserach in the alcohol clinic and around-the-clock psychiatric service of the Massachusetts General Hospital. Am J Psychiatry 124(12):1674-9, June 68.

No description available

26. Cheek, Frances E.; Sarett, Mary; Newell, Stephens. A survey of the Experience of Tension in Alcoholics and other diagnostic groups. International Journal of Neuropsychiatry 1967, 3(6), 477-488.

A preliminary survey of 5 diagnostic groups: institutionalized alcoholics, AA Alcoholics, drug addicts, reformatory inmates, and mental patients. "Normals" were also studied. SS were asked how tense they felt themselves to be in general as opposed to others; what types of emotions and physical sensations tended to be associated with their experience of thension; at what times, in what circumstances, and in the presence of what types of women and men they tended to become tense; how important they felt it was to learn how to handle tension, how much time they had devoted to learning how to handle it, and what techniques they found most successful. Results suggest characteristic ways, times, and circumstances in which the various groups experience tension and indicate a need for further studies in this area.

27. Chien, C.P.; Stotsky, B.A.; Cole, J.O. Psychiatric treatment fon nursing home patients; drug, alcohol, and milieu. Am J Psychiatry 130(5):543-8, May 73.

No description available.

28. Chodorkoff, B. Alcoholism: some theoretical considerations. Arch Gen Psychiatry 24(2):169-73, Feb 71.

No description available.

29. Ciotola, Paul V.; Peterson, James F. Personality characteristics of alcoholics and drug addicts in a merged treatment program. Journal of Studies on Alcohol 1976 Sep Vol 37(9) 1229-1235.

Obtained data on 16 PF scores of 68 alcoholics, 70 polydrug users, and 50 heroin addicts who were later placed in methadone programs (mean ages, 34.9, 30.1, and 26.9 yrs. respectively). Data were grouped both by age (below 19, 20-29, 30-30, and 40 and above) and by sex (101 Males and 87 females). Of 30 factor comparisons, 4 significantly differentiated the 3 goups of Ss. On Factor H, alcoholics and polydrug users were whyer and more easily threatened than heroin addicts, but were quite similar to each other. On Factor D all groups were apprehensive, with alcoholics significantly less so than the other 2 groups. On Factor QIV, alcoholics were significantly less independent than heroin addicts and tended to be less independenct than polydrug users. Older patients were generally more outgoing, more affected by feelings, less assertive and expedient, and more practical, conservative, subdued, tense, and anxious than younger Ss. The only significant sex difference showed that women had more tough poise than men. Results suggest that there are many similar personality factors and dynamics underlying drug and alcohol ab use. Problems with mixing age levels in treatment programs are noted.

30. Clift, A.D. Treatment of drug and alcohol dependence. Lancet 1 (803):603, 17 Mar 73.

No description available.

31. Cohen, M.; Liebson, I.A.; Faillace, L.A.; Allen, R.P. Moderate drinking by chronic alcoholics. A schedule-dependent phenomenon. J Nerv Ment Dis 153(6):434-44, Dec 71.

No description available.

32. Coleman, J.V. Reserach in walk-in psychiatric services in general hospitals. Am J Psychiatry 124-(12):1668-73, Jun 68

No description available.

33. Community Mental Health Centers Amendments of 1970. U.S. Congress, 91st Cong., 2nd sess., Mar 13, 1970.

"To amend the Community Mental Health Centers Act to extend and improve the program of assistance under that Act for community mental health centers and facilities for the treatment of alcoholics and narcotic addicts, to establish programs for mental health of children, and for other purposes."

34. Crowley, T.J.; Chesluk, D.; Dilts, S.; Hart, R. Drug and alcohol abuse among psychiatric admissions. A multidrug clinical-tosicologic study. Arch Gen Psychiatry 30 (1):13-20, Jan 74.

No description available.

35. De Lint, J.; LEvinson, T. Mortality among patients treated for alcoholism: a 5-year follow-up. Can Med Assoc J 113(5): 385-7, 6 Sep 75.

During a 5-year follow-up of 154 male and female patients treated for alcoholism at the Donwood Institute, 22 deaths were recorded--almost 4 times the expected number. Typical causes were accidents, suicide, cirrhosis of the liver, cancers of the upper digestive and respiratory tracts and ischemic heart disease. Compared with other samples of alcoholics, unusually few deaths occurred during the first 2 years of follow-up, which suggests the importance of the post-treatment attention given to these patients and the need to greatly extend the duration of aftercare.

36. Diagnosing alcoholism. Lancet 2(779):691, 30 Sep 72.

No description available.

37. Dilts, S.L.; Keleher, D.L.; Hoge, G.; Haglund, B. Hydroxyzine in the treatment of alcohol withdrawal. Am J Psychiatry 134 (1): 92-3, Jan 77.

No description available.

38. Disulfiram in alcoholism. Postgrad Med 51(4):209, Apr 72.

No description available.

39. Dosios, A.; Constantinescu, C.; Rodin, Z., Alexandru, Sen. Contributions to the treatment of alcoholism. Neurologia, Psihiatria, Neurochirurgia, 1969, May, Vol. 12(3),219-224.

10 alcoholics (6 hospitalized women and 4 men under ambulatory treatment) received metronizdazol in daily doses of 250-1000 mg. The craving for a drink disappeared in all cases between the 3rd and 7th day after beginning treatment. The alcohol challenge dose administered to the hospitalized cases gave an exaggerated response with regard to the amount ingested without producing intense vegetative phenomena. It is considered that metronidazol is an efficient antialcoholic medication, well tolerated by patients.

40. Douglas, D. B. Letter: Addictive drugs and alcoholism. JAMA 230(3):375, 21 Oct 74.

No description available.

41. Editorial: Alcoholism research. Br Med J. 3(881):602-3, 22 Sep73.

No description available.

42. Edwards, D.; Bucky, S.; Coben, P.; Fichman, S.; Berry, N.H. Primary and secondary benefits from treatment for alcoholism. Am J Psychiatry 134(6):682-3, Jun 77.

The authors recorded diagnoses and total number of sick days for 138 men before and after treatment for alcoholism in a Navy alcoholic rehabilitation center. Over a 4-year period (2 years before and 2 years after treatment), there was a reduction of sick days for each man and a reduction of alcohol-and nonalcohol-related complaints. The authors stress the importance of valid evaluation criteria for alcohol rehabilitation programs.

43. Edwards, G. The alcoholic doctor. A case of neglect. Lancet 2(7948):129708, 27 Dec 75.

No description available.

44. Edwards, G.; Fisher, M.K.; Hawker, A.; Hensman, C. Clients of alcoholism information centres. Br Med J 4(575):346-9, 11 Nov 67.

No description available.

45. Edwards, G.; Guthrie, S. A comparison of inpatient and outpatient treatment of alcohol dependence. Lancet 1(435):467-8, 26 Feb 66.

No description available.

46. Edwards, G. Guthrie, S. A controlled trial of inpatient and outpatient treatment of alcohol dependencey. Lancet 1(489) 555-9, 11 Mar 67.

No description available.

47. Edwards, G.; Hawker, A.; Hensman, C. Setting up a therapeutic community. Lancet 2 (478):1407-8, 24 Dec 66.

No description available.

48. Elinson, J. Epidemiologic studies and control programs in alcoholism. VII. Discussion. Am J Pu blic Health 57(6): 991-6, Jun 67.

No description available.

49. End, E. Alcoholism. JAMA 225(2):177, 9 Jul 73.

No description available.

50. Ewing, J.A. How to help the chronic alcoholic. Am Fam Physician, 6(2):91-7, Aug 72.

No description available.

51. Farnsworth, D.L. Medical perspectives on alcoholism and around-the-clock psychiatric services. Am J ysychiatry 124(12):1659-63, Jun 68.

No description available.

52. Feldman, D.J.; Pattison, E.M.; Sobell, L.C.; Graham, T.; Sobell,M.B. Outpatient alcohol detoxification:initial findings on 564 patients. Am J Psychiatry 132(4):407-12, Apr 75.

The authors report on a large-scale outpatient alcohol detoxification program, presenting a clinical rationale for outpatient detoxification, descrifing the program method, and giving initial evaluation data on the first 564 patients. Only 47 percent of the patients required detoxification, and only 19 percent of these required inpatient care. The majority of the patients successfully completed outpatient detoxification; half of these continued in the related rehabilitation program. There were no fatalities. The authors believe the results support the utility of outpatient detoxification as a cost-effective alternative to inpatient detoxification for the majority of acute alcoholics.

53. Finer, M.J. Overmanagement of the alcoholic patient. JAMA 219 (5):622, 31 Jan 72.

No description available.

54. Fitzgerald, B.J.; Pasewark, R.A.; Tanner, C.E. Use of the Edwards Personal Preference Schedule with Hospitalized Alcoholics. Journal of Clinical Psychology 1967, 2 (2), 1974-195.

350 Male and 100 female alcoholics were administered the EPPS and the results compared to the general adult sample scores. Small but significant sex differences were noted with men lower on exhibition, autonomy, and succorance, and higher on deference and endurance. Women were lower on order and higher on exhibition, intraception, and heterosexuality. The use of the EPPS for differential diagnosis with alcoholics is questionable.

55. Fox,.R. P.; Graham, M.B.; Gill, M.J. A therapeutic revolving door. Arch Gen Psychiatry 26(2):179-82, Feb 72.

No description available.

56. Fundamental and perspectives in alcoholism program evaluation. Am J Public Health 56(7):1142-52, Jul 66.

No description available.

57. Galanter, M.; Karsu, T.B.; Wilder, J.F. Alcohol and drug abuse consultation in the general hospital:a systems approach. Am J Psychiatry 133(8):930-4, Aug 76.

The authors describe a preogram that is directed at assuring effective treatment and referral for alcoholic and addicted patients in a general hospital; the program was developed to assure maximal utlization of available addiction treatment facilities without adding to the hospital staff. Drawing on systems theory, the authors review both a pragmatic and a conceptual basis for psychiatric intervention with paraprofessional support to provide consultation to the general medical staff who treat alcoholic and addicted patients. They stress the feasibility ofaltering the nature of the hospital system to achieve more effective treatment for these patients.

58. Galanter,Marc; Karasu, Toksoz B.; Wilder, Jack F. Alcohol and drug abuse consultation in the general hospital:A systems approachAmerican Journal of Psychiatry, 1976 Aug Vol 133 (8) 930-934.

Describes a program developed to assure maximal utilization of available addiction treatment facilities without adding to the hospital staff. Reviews are made of both a pragmatic and a conceptual basis for psychiatric intervention with paraprofessional support to provide consultations to the general medical staff who treat alcoholic and addicted patients.

59. Gerrein, J.R.; Rosenberg, C.M.; Manohar, V. Disulfiram maintennace in outpatient treatment of alcoholism. Arch Gen Psychiatry 28 (6):798-802, Jun 73.

No description available.

60. Glass, G.S. Recognizing and managing the outpatient alcoholic. Am Fam Physician 15(3):176-82, Mar 77.

No description available.

61. Glatt, M.M. Drug interactions in alcoholism treatment. Lancet 1 (595):627-8, 22 Mar 69.

No description available.

62. Glatt, M.M. Treatment of Alcohol Dependency, Lancet 1(494): 791-2, 8 Apr 67.

No description available.

63. Golbert, T.M.; Sanz, C.J.; Rose, H.D.; Leitschuh, T.H. Comparative evaluation of treatments of alcohol withdrawal syndromes. JAMA 201(2):99-102, 10 Jul 67.

No description available.

64. Goldman, Mark S.; Taylor, H.Augustus; Carruth, Mary L.; Nathan, Peter E. Effects of Group Decision-Making on Group Drinking by Alcoholics. Quarterly Journal of Studies on Alcohol, 1973, 34, 3, part A. Sep. 807-822.

4 men, alcoholics aged 35, 37, 41, & 51 years, in a controlled residential laboratory, made group or individual decisions whether to drink & the amount to drink during a 25-day study divided into 7 periods; in period I (4 days) no alcohol was available; in period II 91 day) the men made group decisions about drinking every 30 minutes; in period III (4 days) the men made 3 individual & 5 group decisions about drinking; in period VI (4 days) no alcohol was available. Alternte days were spent with other members of the group or in isolation. Reinfrocement points were awarded if decisions were not violated. Blood alcohol concentrations (BAC), were significantly higher during period IV than during period V; & significantly higher during period III than during period V. 3 of the men drank during peiod II, 7 then decreased their drinking when entering period III. During the 1st hour of period VI the men did not drink but then all began to drink. The men drank more after group decisions than after individual ones in period III & vice versa in period V. More decisions were violated at high than at low BAC's. The men experienced increasing discomfort, as measured by the Adjective Check List, with rising BAC's & during

the no alcohol period VIII. Scores on rating scales indicating psychopathological behavior were significantly higher on drinking than nondrinking days. Social influence is a powerful determinant of alcohol consumption & Therapeutically modulated controlled drinking should be attempted in alcoholism treatment programs. 3 Figures, 1 Chart, 1 Table. Modified HA

65.Gottheil, E.; Corbett, L.O.; Grasberger, J.C.; Cornelison, F.S.jr. Treating the alcoholic in the presence of alcohol. Am J Psychiatry 128(4):475-80, Oct 71.

No description available.

66. Gynther, Malcolm D.; Brilliant, Patricia J. Marital Status, Readmission to Uosptial, and Intrapersonal and Interpersonal Perceptions of Alcoholics. Quarterly Journal of Studies on Alcohol 1967, 28 (1), 52-58.

Examines "The self and Ideal Perceptions of the Alcoholic and his spouse as well as their descriptions of each other.. to see how these are associated with readmission or nonreadmission to the hospital. Self and Ideal-self patterns related to joining or not joining alcoholics Anonymous, as well as the relation between marital status and A.A. membership, were also investiged." 120 Ss, 40 married alcoholic (2 women) and their spouses, and 40 unmarried alcoholics (9 women) completed the vocbulary subtest of the WAIS, the interpesonal check list, and the MMPI. Married-unmarried and readmitted-nonreadmitted were discussed. The use of pure marital categories and sober and drinking alcoholics' descriptions of self and spouse were recommended for solving some of the problems encountered."

67. Hadley, Patricia A.; Hadley, Robert G. Treatment practices and philosophies in rehabilitation facilities for alcoholics. Proceedings of the Annual Convention of the American Psychological Association, 1972, Vol. 7 (Pt. 2), 729-730.

Conducted semistructured interviews with directors and/or staff of 10 treatment facilities for alcoholics; 2 Veteran's Administration hospitals, state hospitals, county rehabilitation centers, and facilities supported by federal combined with state and/or county funds. All programs offered elective individual psychotherapy or counseling; all but 1 offered group therapy or counseling and social work. Wide variety was observed in degree of structure within programs, philosophical orientations represented, and practices called "behavior modification." Counseling or therapy style was determined largely by personal preferences of front-line staff. Implications of these divergences, and of the multiple-funding pattern, are discussed.

68. Hague, W.H.; Wilson, L.G.; Dudley, D.L.; Cannon, D.S. Post-detoxification drug treatment of anxiety and depression in alcohol addicts. J Nerv Ment Dis 162(5):354-9, May 76.

A study was undertaken to assess the effectiveness of treating alcoholics after detoxification for the very commonly observed syndrome of anxiety, depression, and somatic complaints. Previous studies had indicated that these patients generally respond quite well to drug treatment with teh phenothiazine class of drugs. However, a double blind placebo-controlled study of adequate size had not been undertaken. Forty-five comparably addicted male alcoholics with anxiety or mixed anxiety-depression from an inpatient alcohol treatment ward comprised the treatment gorup. Trenty-three patients received thioridazine treatment and 11 received placebo treatment in a double blind fashion after acute withdrawal from alcohol. Progress over a 4-week period was measured with standard rating instruments-the Hamilton Rating Scale for Depression (by physician_ and Zung and Lipman Self-Rating Scales. Both placebo and active medication groups improved symptomatically during the 4-week program. The thioridazine group had significantly better improvement in sleep disturbance (early, middle, and late insomnia) than the placebo group. There was also significantly better improvement in anxiety with thioridazine as compared with placebo. Interestingly, the placebo group had significantly better work and activity (as appraised by the ward psysician) than the thioridazine group. The authors note that active drug effect might actually hamper some patients in their rehabilitative effort, especially if phenotheiazines of the more sedating variety are used. Since alcohol rehabilitation generally utilizes a wide range of activities (such as didactic sessions, occupation therapy, group therapy), alertness and performance ability appear to be important factors in the rehabilitation program. Although thioridazine treatment for some patients with anxiety and insomnia would appear to be quite helpful, its blanket use for the post-detoxification anxiety-depression of the alcoholic might be detrimental for others and cannot be recommended as a routine treatment strategy in an alcohol rehabilitation program.

69. Hart, William T. Apparent Effect of Treatment Facilities on Commitment of Alcoholics to a County Penitentiary. Quarterly Journal of Studies on Alcohol, 1968, 29(1-A), 93-100.

The introduction of various voluntary treatment facilities has caused a considerable drop in alcoholic admissions to a penitentiary. Implications for community planning of the control and treatment of alcohol are discussed.

70. Hart, W. T. *The treatment of alcoholism in a comprehensive community mental health center.* Am J Psychiatry, 126(9) 1275-81, Mar 70.

No description available.

71. *Health Services and Health Revenue Sharing, Part 1.* U.S. Congress, House, 75-H501-12. 93rd Cong., 2nd sess., 1974.

Committee Serial No. 93-86. Hearings before the Subcom on Public Health and Environment on the following health services proposals (dept rpts. p. 451-456):

H.R. 11511 and identical H.R. 11845 (text. page. 2-70), the health Revenue Sharing and Health Services Act of 1973, to amend the PUblic Health Service Act and related laws to revise and extend programs of health revenue sharing and health delivery.

H.R. 11518 and three identical bills (text. p. 71-112), the Community Mental Health Centers Admendments of 1973, to amend the Community Mental Health Centers Act to revise the various programs of assistance authorized by that act and to extend it to FY76.

H.R. 8169 (text. p. 113-115), to amend the Community Mental Health Centers Act to extend for one year the programs of assistance under that act.

H.R. 10431 (text, p. 116-121), to amend the Community Mental Health Centers Act to reorganize certain grant programs.

H.R. 10546 and 14 identical bills (text. p. 122-133), the Community Mental Health Centers Extension Act of 1973, to provide for the extension of the Community Mental Health Centers Act.

H.R. 76 and 10 identical bills (text. p. 134-355), the Bill of Rights for the Mentally Retarded, to provide for the humane care, treatment, habilitation and protection of the mentally retarded in residential facilities through the establishment of strict quality operation and control standards, to minimize inappropriate admissions to residential facilities, and to stimulate the development of regional and community programs for the mentally retarded.

H.R. 5552 (text. p. 356-380), the Developmental Disabilities Services and Facilities construction Act of 1969, to assist States in providing comprehensive services to persons affected by mental retardation and other developmental disabilities originating in childhood and in constructing facilities.

H.R. 5553 (text, p. 381-385), to amend the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, to provide grants for costs of initiating services in community mental retardation facilities.

H.R. 12892 (text, p. 386-398), the Health Services Amendments of 1974., to amend the Public Health Service Act, the Developmental Disabilities Services and Facilities Construction Act, and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, to revise and extend programs of health services.

H.R. 1723, identical H.R. 5000, and similar H. R. 3621 (text, p. 399-400), to amend Title X of the Public Health Service Act to extend for three years the program of assistance for population research and voluntary family planning programs.

H.R.3381 and six identical bills (text, p. 401-416), to make comprehensive voluntary family planning services readily available to all persons in the U.S. and other specified areas, to evaluate and improve the effectiveness of family planning service programs and of population research, and to establish a National Population Sciences and Family Planning Services Administration.

H.R. 6139, four identical bills, and related H.R. 5940 (text, p. 417-433), to promote public health and welfare by expanding and improving the family planning services and population sciences research activities of the Federal Government.

H.R. 12323 (text, p. 434-436), the Family Planning and Population Research Act of 1974, to amend the Public Health Act relating to family planning and population research.

H.R. 4422 and three identical bills (text, p. 437-438) to extend the Migrant Health Act and increase appropriations.

H.R. 2373 (text, p.439), to amend the Pub lic Health Service Act to extend the program of assistance for health services for domestic migrant agricultural workers.

H.R.5576 and three similar bills (text, p. 440-442), the Autistic Children Research Act, to provide for accelerated research and development in the care and treatment of autistic children.

H.R. 8861 and five identical bills (text, p. 443), to amend the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to expand the definition of "development disability" to include autism.

H.R. 6589 (text, p. 444-450), the Developmental Disabilities Amendments of 1973, to provide for the extension of the Developmental Disabilities Services and Facilities Construction Act and for the inclusion of autism.

72. Hewlett, A.H. Epidemiologic studies and control programs in alcoholism. II. State and municipal alcoholism programs and their relationship to health services. Am J Public Health 57(6):964-7, Jun 67.

73. Hussain, M.Z.; Harinath, M. Helping alcoholics abstain: an implantable substance . Am J Psychiatry 129(3):363, Sep 72.

No description available.

74. Idestrom, C. Psychiatric emergency service. Acta Psychiatrica Scandinavica, 1974, Vol 50(6), 6360647.

Describes the psychiatric emergency service of a Swedish hospital serving an urban-suburban population of 150,000 people. The policies and procedures of the emergency ward as well as its staff and backgroud facilities are discussed. During 1967-1970, 20,567 consultations were made, and 4,557 of these patients were admitted to the ward. The patients were studied with respect to sex, age vs marital status, psychiatric diagnosis vs reason for admission, length of stay in the ward, and marital status. It was found that 2/3 of the patients admitted to the emergency ward were either neurotics or alcoholics and in either case, usually intoxicated, and that there were relatively few psychotic patients.

75. Imber, S.; Schultz, E.; Funderburk, F.; Allen, R.; Flamer, R. The fate of the untreated alcoholic. Toward a natural history of the disorder. J Nerv Ment Dis 162(4):238-47,Apr 76.

Eighty-three male alcoholics were administered a structured interview when they appeared at a large general hospital for treatment of a variety of disorders. These represent 83 consecutive cases. None received treatment aside from frief "drying-out" but all were accepted as participants in a research program. Seventy-three (88 percent of the sample) were located for a 3-year follow-up; five of these were not seen at the 1-year follow-up, and 10 were known to be dead. This paper focuses on 58 of the alcoholics who were seen at all three evaluations, and the 10 who were known dead. The data are presented as indicating the long term results of, at best, a mild or minimal intervention with male alcoholics. A small, b ut significant improvement was noted on several life-adjustment scales between the initial and 1-year evaluation (OYE), but no further improvement was seen between OYE and the 3-year evaluation (TYE); 19 percent were abstinent for 1 year and 10 per cent for the full 3-year period. The best predictor of TYE abstinence was OYE abstinence, but only for the extremes, i.e., no abstinence or total abstinence. Abstinence success was also related to a tendency to use community resources, lower number of mental hospitalizations, higher occupational status, higher global rating and, curiously, lower interpersonal adjustment rating. The group using Alcoholics Anonymous showed no better outcome than the group using no community resources at all. The mortality rate was 12 percent over the 3 years of slightly more than 4 percent a year. The suicide rate was about 5 percent over the 3 years. The ratings for those dying showed a pattern of more admitted drunken arrests and heavy recent drinking superimposed on lighter overall drinking for the past year. The study demonstrates that even untreated alcoholics can be traced and effective follow-up studies completed. Results also indicate that over long time periods and left to their own devices, many alcoholics do seek out some form of help. But such assistance tends not to be sustained or intensive and a good portion of it is nonprofessional and nonmedical. Moreover,a surprisingly substantial number (31 percent)of hospital-identified alcoholics apparently neither seek out nor receive any help at all after their initial identification; yet their self-reported life-adjustment ratings do not differ significantly from those who do seek help. The no-help receivers may be the most critical group of all to follow, as they are truley untreated. It would be important to determine how consistend in fact they are in their avoidance of help, what accounts for that behavior, and whether ultimate fate is different from those who regularly seek assistance.

76. Jankowski, C.B.; Drum, D.E. Diagnostic correlates of discharge against medical advice. ARch Gen Psychiatry 34(2):153-5, Feb. 77.

The clinical histories of patients discharged against medical advice from a general hospital were studied to discern important diagnostic correlates of this event. Drug addiction occurred in 22% of the 73 test subjects and in none of 175 random controls. Chronic alcoholism was diagnosed in 42% of patients discharged prematurely vs 15% of controls (p less than .01). Discharge against advice should be considered a clue to the presence of one of these conditions if not previously appreciated. Since both are identifiable chronic disorders, early counseling is recommended to prevent such noncompliant behavior and its consequences for effective hospital care.

77. Karp, S.A.; Kissin, B.; Hustmyer, F.E., Jr. Field dependence as a predictor of alcoholic therapy dropouts. J Nerv Ment Dis 150(1):77-83, Jan 70.

No description available.

78. Kearney, T.R. Alcohol and general hospital patients. Am. J. Psychiatry, 125(10):1451-2, Apr 69.

No description available.

79. Kennedy, Barbara L. Factors compelling psychiatric hospitalization in crisis. Journal of Nervous & mental Disease, 1976, Nov. Vol. 163(5) 341-347.

At a time in a large community mental health center when all adjunct facilities were geared for crises, the compelling determinants in whose 70 patients still requiring hospitalization were studied. It was found that all patients answered affirmatively to 1 or more of the following 6 categories as occurring in their prehospital life: alcohol abuse, other drug abuse, suicidal attempt, a recent loss, stoppage (or reduction) of medication, and stoppage of outpatient treatment. It was found that those patients diagnosed as schizophrenic (69%) did not significantly differ in the number of affirmative answers given in each of the 6 categories when compared to the total patient population. The most frequent categories to which an affirmative answer was given were stoppage of medication and stoppage of outpatient treatment. There did appear to be a trend for various combinations of these categories in a given patient. The schizophrenic group tended to have more affirmative answers.

80. Kissin, B.; Gross, M.M. Drug therapy in alcoholism. Am. J. Psychiatry, 125(1):31-41, Jul 68.

No description available.

81. Klett, C.J.; Hollister, L.E.; Caffey, E.M.,Jr.; Kaim, S.C. Evaluating changes in symptoms during acute alcohol withdrawal. Arch Gen Psychiatry 24 (2):174-8, Feb. 71.

No description available.

82. Kline, N.S.; Wren, J.C.; Cooper, T.B.; Varga, E.; Canal, O. Evaluation of lithium therapy in chronic and periodic alcoholism. Am. J. Med Sci 268(1):15-22, Jul 74.

No description available.

83. Kline, S.A.; Kingstone, E. Disulfiram implants: the right treatment but the wrong drug? Can Med Assoc J. 116(12): 1382-3, 18 Jun 77.

No description available.

84. Knee, S.T.; Razani, J. Acute organic brain syndrome: a complication of disulfiram therapy. Am J. Psychiatry 131 (11):1281-2, Nov 74.

No description available.

85. Knupfer, G. Epidemiologic studies and control programs in alcoholism. V. The epidemiology of problem drinking. Am J. Public Health 57(6):973-86, Jun 67.

No description available.

86. Koch-Weser, J.; Sellers, E.M.; Kalant, H. Alcohol intoxication and withdrawal. N. Engl. J. Med 294(14):757-62, 1 Apr 76.

No description availalbe.

87. Knowles, J.H. Alcoholism and the urban medical center. Am. J. Psychiatry 124(12):1697-8, Jun 68.

No description available.

88. Koltes, J.A. The unsung, sung. Am J Psychiatry 128(7): 898, Jan 72.

No description available.

89. Larsson, S.O.; Sundkvist, G. Acute intoxication. A comparative investigation at a General City Hospital for the years 1951, 1961 and 1971. Acta Med Scand 195(6):515-20, Jun 74.

No description available.

90. Levinson, Toby; Sereny, G. An experimental evaluation of "insight therapy" for the chronic alcoholic. Canadian Psychiatric Association Journal, 1969, 14(2), 143-146.

60 alcoholics beyond the acute withdrawal phase, spent 6 wk. in a continuing care unit where they participated in 1 of 2 programs. Program A consisted of regular psychiatrically-oriented treatment, with a well-balanced, well structured program including didactic lectures,

films, community meetings, occupational therapy, group psychotherapy, and recreational activity. Program B discontinued formal aspects, and Ss were encouraged to use occupational and recreational facilities with the responsibility for seeking help placed on the S. Results showed 28% of the psychological treatment group improved, and 31% of the recreational group improved. It is concluded that in dealing with this particular type of patient, a treatment program emphasizing recreation is at least as effective and in fact may be even more effective, than a program geared toward establishing psychological insights. (French summary)

91. Levy, R.; Elo, T.; Hanenson, I.B. Intravenous fructose treatment of acute alcohol intoxication. Arch Intern Med 137(9):1175-7, Sept 77

This study was designed to determine the efficacy of the intravenous administration of fructose in the treatment of acute alcohol intoxication. The study was prospective and double-blind, with glucose serving as the control. Treatment with glucose and fructose was determined by random selection. Fructose administration did not alter the clinical status or rate of alcohol metabolism as reflected by the decline in serum concentration. In addition, a significant elevation (Pless than .05) in serum uric acid and lactate levels occurred in the patients receiving fructose. The results indicate that fructose is of no value in the treatment of acute alcohol intoxication, and produces metabolic abnormalities that could be harmful to the patient.

92. Liebson, I.; Bigelow, G.; Flamer, R. Alcoholism among methadone patients: a specific treatment method. Am J. Psychiatry 130 (4):483-5, Apr. 73.

No description available.

93. MacCallum, W.A. Drug interactions in alcoholism treatment. Lancet 1 (589):313, 8 Feb 69.

No description available.

94. Marshall, E. J. Why patients do not take their medication. Am J Psychiatry 128(5):656, Nov 71.

No description available.

95. Mayer, J.; Myerson, D. J. Training the physician in alcoholism therapy. J. Med Educ 47(4):296-7, Apr 72.

No description available.

96. McCance, C.; McCance, P.F. Alcoholism in North-East Scotland: Its tratment and outcome. British Journal of Psychiatry, 1969, 115(519), 189-198.

194 patients in 2 hospitals were treated with group psychotherapy, aversion therapy, or ward routine with results followed-up for 1 yr. The outcome depended very little upon the treatment given but largely upon individual factors. The const of a special alcohol unit for good prognosis types may be unjustified. A range of facilities is needed to manage the less favorable prognosis alcoholics who are resistant to improvement from psychiatric treatment.

97. Medicine and the drunk tank. Can Med Assoc J. 107(4): 270-1, 19 Aug 72.

No description available.

98. Mellor, C.S.; White, H.P. Taste aversions to alcoholic beverages conditioned by motion sickness. Am J Psychiatry 135(1): 125-6, Jan 78.

No description available.

99. Millington, J.T. Epidemiologic studies and control programs in alcoholism. 3. The missing links in alcoholism control. Am J Public Health 57(6):967-71, Jun 67.

No description available.

100. Moore, R.A. Ten years of inpatient programs for alcoholic patients. Am J. Psychiatry, 134(5):542-5, Mar 77.

The author reviews the progress made during the past decade in making acute hospital facilities available to the alcoholic patient. He also describ es the advances that have been made in the level of care provided by increasingly available detoxification centers. However, he finds that the needs of chronically and permanently disabled alcoholic individuals are still not being met by the mental health system.

101. Moore, R.A. The diagnosis of alcoholism in a psychiatric hospital: a trial of the Michigan Alcoholism Screening test (MAST). Am J Psychiatry 128(12):1565-9, Jun 72.

No description available.

102. Moore, R.A. The prevalence of alcoholism in a community general hospital. Am J. Psychiatry 128(5):638-9, Nov 71.

No description available.

103. Murray, R. M. Alcoholism amongst male doctors in Scotland. Lancet 2(7988):729-31, 2 Oct 76.

An investigation was carried out into first admissions to, and all discharges from Scottish psychiatric inpatient beds of male doctors and other social class I males who had a primary diagnosis of alcoholism. The rates were more than two-and-a-half times higher amongst doctors. Middle-aged doctors were particularly at risk, and 58% of all psychiatric hospitalisations of male doctors between the ages of 45 and 54 years were attributed to alcoholism.

104. Murray, R.M. Characteristics and prognosis of alcoholic doctors. Br Med J. 2(6051):1537-9, 25 Dec. 76.

Five medically qualified women adn 36 men who were being treated for alcoholism at a London postgraduate hospital were studied. Most were middle-aged and at an advanced stage of alcoholism. They had usually started drinking heavily in the wake of well-established drug dependence or other psychiatric disorder; as students or housemen; and in the armed forces. Thirty-six doctors were followed up for a mean of 63 months. Five doctors either killed themselves or died of cirrhosis, and nine persisted in almost continuous dependent drinking, while seven completely overcame their alcohol problem and 10 had only occasional relapses. Their prealcoholic careers had ranged from repeated failure to spectacular success, but of 29 doctors alive at follow-up only eight were practising satisfactorily.

105. Myers Act Implementation Plan. Miami, Fla. NTIS Document Reproduction Service, HRP-4928/8SL. 1973.

A pilot plan in Dade County for implementing the Florida legislature's Myers Act concerning treatment and rehabilitation of alcoholics is presented. A committee composed of approximately 50 individuals representing existing alcohol treatment programs, primary health care providers, and local agencies was formed to prepare a plan. The program provides for: humane treatment of the alcoholic regardless of social or economic status; acquisition of funding from government as well as private and commercial sources; use of different research models to determine which are most effective in dealing with specific alcohol-related problems; and effective utilization of existing community resources. An overview of the project is given, and the following recommendations are made for 12 tasks or components within the alcoholism treatment system: community education; client contact and transportation; intake and screening; general hospitalization and acute detoxification; sub-acute detoxification; residential treatment; vocational rehabilitation; money and material aid; aftercare;

research and evaluation; and staff recruitment and training. portions of this document are not fully legible.

106. Newcombe, J. Treatment of drug and alcohol dependence. Lancet 1(801):491, 3 Mar 73.

No description available.

107. Novick, L. F.; Hudson, H.; German, E. In-hospital detoxification and rehabilitation of alcoholics in an inner city area. Am J Public Health 64(11):1089-94, Nov 74.

No description available.

108. Operations of V.A. Hospital, Long Beach, California. U.S.Congress, House, H761-10. 94th Cong., 2nd sess. 1976.

Oversight hearing before the Subcom on Hospitals to review conditions at the Long Beach, Calif., VA hospital and to define the medical care delivery problems.

109. Overall, J.E.; Brown, D.; Williams, J.D.; Neill, L.T. Drug treatment of anxiety and depression in detoxified alcoholic patients. Arch Gen Psychiatry 29(2):218-25, Aug 73.

No description available.

110. Paolino, T.J.; McCrady, B.S. Joint admission as a treatment modality for problem drinkers: a case report. Am J Psychiatry, 133(2):222-4, Feb 76.

Joint hospital admission of a married alcoholic and his/her spouse can facilitate treatment of the problem drinker. A care report illustrates the advantages of this approach in giving the staff an opportunity to observe and provide the couple with feedback about their patterns of interaction and to provide specific therapeutic interventions during the joint admission.

111. Pattison, E.M. Differential diagnosis of alcoholism. Postgrad Med 41(6):Suppl :127-32, June 67.

No description available.

112. Pattison, E. M. Nonabstinent drinking goals in the treatment of alcoholism. A clinical typology. Arch Gen Psychiatry 33(8):923-30, Aug 76.

Traditional views in the field of alcoholism have been that alcoholics must achieve and maintain abstinence from alcohol in order to be rehabilitated. In turn, abstinence has been used as the sole or primary criterion of successful treatment. However, abstinence is not necessarily correlated with improvement in other areas of overall adjustment, such as emotional, interpersonal, vocational, and physical health. The recent advent of nonabstinent alcoholism treatment programs, in addition to other clinical data, suggests the need for more specific definitions of nonabstinence, attenuated drinking, controlled drinking, and normal thinking.

113. Pattison, E.M.; Coe, R.; Rhodes, R.J. Evaluation of alcoholism treatment. A comparison of three facilities. Arch Gen Psychiatry 20(4):478-88, Apr 69.

No description available.

114. Planning the treatment of alcoholism. Br Med J. 2(812): 479, 27, May 72.

No description available.

115. Pokorny, A.D.; Miller, B.A.; Kaplan, H.B. The brief MAST: A shortened version of the Michigan Alcoholism Screening Test. Am J Psychiatry 129(3):342-5, Sep 72.

No description available.

116. Proposed Model for Monitoring and Evaluating the Operation of Ten DOT/NIAAA Joint Alcoholism Programs. NTIS Document Reproduction Service, HEW-OS-72-208. 1972.

The study develops and implements a uniform system for monitoring and evaluating the effectiveness of alcohol safety action project and alcoholism center referral, treatment, and rehabilitation programs. Critical variations occur in the processing of the DWI, the decision criteria at various process junctures, and the organizational relationships between ASAP/AC and their affiliates. A model designed for monitoring the programs is presented focusing upon: (1) the legal and normative background; (2) the setting, structure, and process of organizations, and (3) the problem populations exposed to different treatment modalities. This model calls for baseline pretreatment measures as well as posttreatment measures. The need for cooperation and participation by the various ASAP'S and AC'S, plus their parent organizations, is cited.

117. Raft, D.; Gomez, R.; Ewing, J.A. The pentobarbital test dose for depressant drug dependence. J. Nerv Ment Dis 159(5): 366-70, Nov 74.

No description available.

118. Reich, L.H.; Davies, R.K.; Himmelhoch, J.M. Excessive alcohol use in manic-depressive illness. Am J Psychiatry 131(1):83-6, Jan 74.

No description available.

119. Riccitelli, M.L. Treatment of Alcoholism: Modern Concepts. Journal of the American Geriatrics Society, 1967, 15(6), 523-534.

Improved public and private hospital facilities, AA, the Salvation Army, the new psychopharmaceuticals, methods based on conditional reflexes, the adjunctive use of adrenal cortex hormones, therapeutic nutrition, and dialysis methods for treating alcoholic poisoning have all contributed to the marked improvement in the therapy of alcoholism. The mulitdisciplinary approach with a single director-the general practitioner-is the most important single factor in the care and treatment of the alcoholic and the problem drinker.

120. Ritson, E.B. Psychological medicine. Treatment of alcoholism. Br Med J 2(5963):124-7, 19 Apr 75.

No description available.

121. Rogers, G.A. Methadone maintenance-type treatment programs for alcoholics. Am J Psychiatry 128(3):366-7, Sep 71.

No description available.

122. Rosenberg, C.M. Drug maintenance in the outpatient treatment of chronic alcoholism. Arch Gen Psychiatry 30(3):373-7, Mar 74.

No description available.

123. Sampliner, R.; Ib er, F.L. Diphenylhydantoin control of alcohol withdrawal seizures. Results of a controlled study. JAMA 230(10):1430-2, 4 Dec 74.

No description available.

124. Seilg, A.L. Program planning, evaluation, and the problem of alcoholism. Am J Public Health 65(1):72-5, Jan 75.

Rational program planning and evaluation has been suggested as a necessary skill. First, a conceptual framework for planning and evaluation was presented and discussed, using the example of preventing alcoholism and providing services and rehabilitation for alcoholics. Second, a case study was presented, which is similar to that used by many professionals in their efforts to plan programs. Finally, some of the marked limitations of the case study were pointed out, when it was projected upon the conceptual framework.

125. Sellers, E.M.; Cooper, S.D.; Zilm, D.H.; Shanks, C. Lithium treatment during alcoholic withdrawal. Clin Pharmacol Ther 20(2);199-206, Aug 76.

The efficacy of lithium carbonate was studied in 18 chronic alcoholic male patients in withdrawal. In mild alcoholic withdrawal, oral lithium carbonate, 0.3 gm every 8 hr, diminishes subjective symptoms of withdrawal and normalizes performance on a motor tracking task. Patients who start lithium while drinking ethanol improve most probably because it takes longer than 3 days for lithium concentrations in the blood to plateau. Lithium does not importantly alter patterns of catecholamine excretion, blood pressures, heart rate, serum cyclic-adenosine monophosphate (AMP), serum dopamine beta-hyroxylase (DBH), sleep pattern, or tremor amplitude during withdrawal.

126. Seixas, F.A. Criteria for the diagnosis of alcoholism. JAMA, 222(2):207-8, 9 Oct 72.

No description available.

127. Sereny, G.; Frayatt, M. A follow-up evaluation of the treatment of chronic alcoholics. Can Med Assoc J. 94(1):8-12, 1 Jan 66.

No description available.

128. Shaw, J.A.; Donley, P.; Morgan, D.W.; Robinson, J.A. Treatment of depression in alcoholics. Am J Psychiatry 132(6):641-4, Jun 75.

The authors compared two groups of depressed alcoholics given either placebo or chlordiazepoxide-imipramine in a double-blind study. Although depression decreased in both groups, there were no significant differences between them on any of three pre- and posttreatment measures. The Zung scale showed that medication decreased depression significantly, however, this finding was not supported by the Beck Depression Inventory or by the Minnesota Multiphasic Personality Inventory, indicating the necessity for use of multiple assessment instruments.

129. Southmayd, E.B . The role of the dietitian in team therapy for chronic alcoholism. J Am Diet Assoc 64(2):184-6, Feb 74.

No description available

130. Stein, L.I.; Newton, J.R.; Bowman, R.S. Duration of hospitalization for alcoholism. Arch Gen Psychiatry 32(1):247-52, Feb 75.

On admission to an inpatient alcoholic treatment center, 58 alcoholic men were randomly assigned to two groups. One groups was detoxified and after-care services were planned (mean length of stay nine days). The other group, in addition to the above, received intensive psychosocial inhospital treatment (mean length of stay 30 days). Posthospital adjustment was measured at five intervals over a 13 month period in the areas of social relationships, financial status, employment record, legal involvement, frinking behavior, use of measures were obtained on psychological change and counseling readiness. No significant difference was found between the two groups on any measure. These results indicate that the hospital has a limited role in the treatment of the alcohol person

131. Strassman, H.D. Treatment of the chronic alcoholic. GP 38(2): 84-90, Aug 68.

No description available.

132. Straus, R. Social factors in general hospital patient care. Am J Psychiatry 124(12):1663-8, Jun 68.

No description available.

133. Texas State Dept-Mental Health & Mental Retardation. Components Of Effectiveness in Alcoholism Treatment Programs. NTIS Document Reproduction Service, PB-252, 955/0SL. 1974.

The report provides detailed information on alcoholic persons (Baseline clients) discharged from Texas State hospitals in 1971, with specific reference to personal characteristics, factors related to treatment outcome, and the nature and extent of aftercare contacts. Baseline clients characteristics are described on the basis of data obtained from the client progrress and follow-up form (CPFF) , which was completed during the 3-month period from 15 August 1973 through 15 April 1974. A profile of the treatmentexperiences of baseline clients subsequent to discharge is provided, together with a comparison of the contacts and characteristics of clients who received treatment from different aftercare sources.

134. Texas State Dept. of Mental Health and Mental Retardation. Components of Effectiveness in Alcoholism Treatment Programs. Volume 2:The Alcoholism Treatment Network. NTIS Document Reproduction Service, PB-252, 958/8SL. 1974.

This report comprises a description and analysis of the alcoholism treatment programs of the Texas Department of Mental health and Mental retardation. Included are: (1) a summary of new treatment efforts, (2) a description of the research framework and specific research tasks, (3) a sketch of the TOMHMR alcoholism treatment system, and (4) a commentary of the sociology of rehabilitation. Shortterm goals of the alcoholism treatment system are dicusssed, and various components of that system are compared as to alcoholism caseload, staff charactertistics, treatment modalities, and follow-up efforts. Information is also provided on the attitudes of treatment staffs toward alcoholic treatment, alcoholism, social control of alcohol, and education regarding alcohol. The attitude test methodology is describ ed, and comparisons are drawn between staff members representing alcoholism programs, job levels, educational levels, and experience levels.

135. Texas State Dept. of mental Health and Mental Retardation. Components of Effectiveness in Alcoholism Treatment Programs. Volume 3:Criterion data analysis. NTIS Document Reproduction Service, PB-252, 957/6SL. 1975.

This report provides information on the personal characteristics and factors related to treatment outcome of alcoholic persons (criterion clients) admitted to Texas State Hospitals Between 15 June 1973 and 31 January 1974, and on the nature, extent, and effects of their aftercare contacts. Criterion client characyeristics are discribed on the basis of data obtained from the client intake form (CIF), the Minnesota Multiphasic Personality Inventory (MMPI), and the client progress and follow-up form (CPFF), which were completed during the 21-month period from 15 July 1974 through 28 February 1975. A profile of the treatment experiences of criterion clients subsequent to discharge is provided, together with a comparison of the contacts and charateristics of clients who received treatment from different aftercare sources.

136. Texas State Dept. of Mental Health and Mental Retardation. Components of Effectiveness in Alcoholism Treatment Programs. Volume 4: A Comparison of Baseline and Criterion Clients. NTIS Document Reporduction Service, PB-252, 958/4SL. 1975.

Treatment programs are outlined and compared for alcoholic persons in the care of the state of Texas during 1971 and 1974, and the relative effects of aftercare on these outcomes are analyzed. The study population includes a sample group of patients discharged from selected state mental hospitals during the period 1 september 1970 through 31 August 1971 (Baseline Clients) and a second sample of patients admitted to the same hospitals durin the period 15 June 1973 through 31 January 1974 (criterionn clients). The two groups are compared on the basis of alcohol use and consumption, behavioral pattern, and employment, as reflected in data obtained from the client progress and follow-up form (CPFF). The nature and extent of aftercare contacts for the baseline and criterion clients are also examined, and the outcomes for the two cohorts are compared with respect to the type of aftercare received.

137. Texas State Dept. of Mental Health and Mental Retardation. Components of effectiveness in alcoholism treatment programs. Volume 5: Correlates of treatment outcomes. NTIS Document Reproduction Service, PN-252, 959/2SL. 1975.

This report summarizes the effects of treatment setting, aftercare, therapist characteristics, and client background upon the outcome of alcoholism treatment at selected state mental hospitals, located in the state of Texas. The findings are expressed in terms of specific relationships: (1) between hospital treatment and (A) drinking outcomes and (B) social outcomes; (2) between type of aftercare and

(A) psychological funtioning and (B) client background; (3) between certain gross staff characteristics (I.E. Demographic variables, counselor self-disclosure, education, alcoholism training, attitudes, and expectations) and client outcomes; and (4) between client intake variables, specifically in the areas of alcohol consumption, behavioral impairment, and employment, and corresponding outcome variables. Interpretations of the empirical findings and policy recommmendations which follow from them are presented.

138. Texas State Dept. of Mental Health and Mental Retardation. Components of Effectiveness in alcoholism, treatment programs. Set includes PB252 955 Thru PB-252 969.

No description available.

139. The truth about alcohol dependence. JAMA 211(1):114-5, 5 Jan 70.

No description availble.

140. Tomsovic, Milan. Hospitalized alcoholic patients: I. A two-year study of medical, social, and psychological characteristics. Hospital & Community Psychiatry, 1968, 19(7), 197-203.

Describes a 90-day alcoholic rehabilitation program for self-motivated, normal IQ and nonpsychotic patients. Discussion centers on: (1) typical physical and psychological symptoms of alcoholism and withdrawal, (2) patient characteristics such as vocation, education levels, age and previous treatment, (3) therapeutic programs and abstinence to create intense learning participation, and (4) the severity of social action disruption and personality disorders characteristic of alcoholism. Results indicate success for about 1/2 of the Ss. Data concerning posttreatment drinking behavior shows about 36% abstinence of nondestructive drinking and 23% total recidivism.

141. Turfboer, R. The psychiatrist's contribution to rehabilitation of the problem drinker. Arch Environ Health 16(6):908-10, Jun 68.

No description available.

142. Turner, T.B. Editorial: Beer and wine for geriatric patients. JAMA 226(7):779-80, 12 NOv 73.

No description available.

143. Viamontes, J.A. Review of drug effectiveness in the treatment of alcohooism. Am J Psychiatry 128(12):1570-1, Jun 72.

No description available.

144. Walsh, A.C. Treatment of alcoholism with organic brain damage. JAMA 220(10):1359, 5 Jun 72.

No description available.

145. Walton, H.J.; Ritson, E.B.; Kennedy, R.I. Response of alcoholics to clinic treatment. Br Med J 2(523):1171-4, 12 Nov 66

No description available.

146. Warder, J.; Ross, C. Alcoholism and its treatment in Scotland: A critical review. British Journal of Addiction, 1971, Sept. Vol. 66(2), 110-122.

"There are 2 basic methods of dealing with the alcoholic in Scotland treatment in hospital and confinement in prison." Hospital treatment varies with the type of hospital. In the medical ward of a general hospital, treatment is received for the physical ill effects of chronic alcoholism. Alcoholics are also admitted to psychiatric units of general hospitals, however, as high success rate has not been shown due to the negative attitude of the general medical staff to alcoholism, patients not serious about quitting drinking, and insufficient trained staff for intensive treatment. "Most alcoholics in Scottish mental hospitals.... are treated in the acute admission wards...The situation of chronic drunkennness offenders is unique as they are held responsible and punished for acts which most of the medical profession would consider, in a least a high proportion of cases, to be the result of a disease.... Alcoholism is a serious mental health problem in Scotland. It is in all probability becoming more serious. There is an urgent need for the dev elopment of adequate facilities, especially for those alcoholics with 'less favourable features.' Above all, and, most urgently, the treatment of the chronic drunkenness offender must be removed from its present penal context."

147. Zimberg, S.; Lipscomb, H.; Davis, E.B. Sociopsychiatric treatment of alcoholism in an urban ghetto. Am J Psychiatry, 127(12): 1670-4, Jun 71.

No description availalbe.

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96. McCance, C.; McCance, P.F. Alcoholism in North-East Scotland: Its tratment and outcome. British Journal of Psychiatry, 1969, 115(519), 189-198.

194 patients in 2 hospitals were treated with group psychotherapy, aversion therapy, or ward routine with results followed-up for 1 yr. The outcome depended very little upon the treatment given but largely upon individual factors. The const of a special alcohol unit for good prognosis types may be unjustified. A range of facilities is needed to manage the less favorable prognosis alcoholics who are resistant to improvement from psychiatric treatment.

97. Medicine and the drunk tank. Can Med Assoc J. 107(4): 270-1, 19 Aug 72.

No description available.

98. Mellor, C.S.; White, H.P. Taste aversions to alcoholic beverages conditioned by motion sickness. Am J Psychiatry 135(1): 125-6, Jan 78.

No description available.

99. Millington, J.T. Epidemiologic studies and control programs in alcoholism. 3. The missing links in alcoholism control. Am J Public Health 57(6):967-71, Jun 67.

No description available.

100. Moore, R.A. Ten years of inpatient programs for alcoholic patients. Am J. Psychiatry, 134(5):542-5, Mar 77.

The author reviews the progress made during the past decade in making acute hospital facilities available to the alcoholic patient. He also describ es the advances that have been made in the level of care provided by increasingly available detoxification centers. However, he finds that the needs of chronically and permanently disabled alcoholic individuals are still not being met by the mental health system.

101. Moore, R.A. The diagnosis of alcoholism in a psychiatric hospital: a trial of the Michigan Alcoholism Screening test (MAST). Am J Psychiatry 128(12):1565-9, Jun 72.

No description available.

102. Moore, R.A. The prevalence of alcoholism in a community general hospital. Am J. Psychiatry 128(5):638-9, Nov 71.

No description available.

WOMEN AND ALCOHOL

1. Alcohol Abuse Among Women: Special Problems and Unmet Needs. 1976, NTIS Document Reporoduction Service, 77-S541-9.

Hearing before the Subcom on Alcoholism and Narcotics to examine the extent of research on alcohol abuse by women and the adequacy of prevention, treatment, and education programs.

Supplementary material (p. 62-420) includes correspondence, submitted statements, a bibliography (p. 91-98), and:

a. National Clearinghouse for Alcohol Information program document on alcohol and women, May 1976 (p. 62-82).

b. National Council on Alcoholism office on Women, preliminary report summarizing projects and activities relating to women and alcohol, by State (p. 83-90).

c. Gaines, Jackie J., "Alcohol Use and Abuse Among Black Women: Some Historical and Cultural Issues" (p. 114-127).

d. Weathers, Brenda (Dir. Alcohlism Center for Women, Los Angeles, Calif), "Alcoholism and the Lesb ian Community" June 1976 (p. 130-138).

e. Association of Halfway House Alcoholism Programs of North America, compilation of paper on halfway house programs for alcoholic women, including statistical survey rpt on member programs. 1976 (p. 145-227).

f. Issel, Susan M. (et al., Social Research Group, Univ of Calif), "Women and Alcohol : A Selective Annotated Bibliography" prepared for California State Office of Alcoholism, May 1976 (p. 241-328).

g. Kansas State University Cooperative Extension Service, booklets on women's alcoholism programs, 1973-74 (p. 337-367).

h. Reiff-Ross, Eleanor; Adams, Henry B. (Area C community Mental Health Center, DC), "Admissions and Readmissions to an Alcohol Detoxification Unit for Women: Is This Program a 'Revolving Door'?" study rpt covering Jan. 1, 1972-Dec. 31, 1975 with tables (p. 394-416).

2. Alcoholism in women. JAMA 225(8):988, 20 Aug 73.

No description available.

3. Alcoholism and women. Alcohol Health & Research World, 1974 Sum Exp Issue 2-7.

Discusses the recent increase in the number of female alcoholics in the U.S. Current research on female alcoholism has related the problem to the redefining of woman's role in society. Although there is no typical alcoholic woman, certain recurring characteristics have been isolated, along with disturbing effects on fetal development and childrearing. Increasing concern with female alcoholism has resulted in alcoholism treatment facilities focusing on women's problems. However, effectively dealing with the problem involves encouraging the female problem drinker to seek help.

4. Ashley, J.F.; Olin, J.S.; LeRiche, W.H.; Kornaczewski, A.; Schmidt, W. Morbidity in alcoholics. Evidence for accelerated development of physical disease in women. Arch Intern Med 137(7): 883-7, Jul 77.

The physical disease profiles of 135 female and 726 male inpatient alcoholics, similar in age, social class, and referral pattern, were compared to further clarify the widespread clinical impression that female alcoholics are more illness-prone. Although the women had been drinking hazardously for fewer years, at admission the prevalence of most diseases was similar in men and women. There was, however, an excess of anemia in women and of fatty liver and chronic obstructive lung disease in men.Furthermore, the average duration of hazardous drinking before the first recorded occurrence of almost all illness events was shorter in women, the sex differences being statistically significant for fatty liver, hypertension, obesity, anemia, malnutrition, gastrointentinal hemorrhage, and an ulcer requireing surgery. These findings suggest that the development of physical morbidity in relation to hazardous drinking may be accelerated in women.

5. Beckman, Linda J. Women alcoholics: A review of social and psychological studies. Journal of Studies on Alcohol, 1975, Jul Vol 36(7) 797-824.

Reviews research on social-history variables, personality characteristics, social roles and role confusion, and possible treatment methods for women alcoholics. Suggestions are discussed for additional studies involving factors motivating drinking in women, theories of personality, new treatment methods, and differentiation between subgroups of women alcoholics. (109 ref)

6. Belfer, M. L.; Shader, R.I.; Carroll, M.; Harnatz, J.S. Alcoholism in Women. Arch Gen Psychiatry 25(6):540-4, Dec. 71.

No description available.

7. Birchmore, Doreen F.: Waldersman, Rodeen L. The Woman Alcoholic: A review. Ontario Psychologist, 1975 Oct. Vol 7(4) 10-16.

Reviews the literature on female alcoholism and concludes that there has been a lack of research directed specifically at this subject. Several areas warranting further study are delineated.

8. Burtle, Vasanti: Whitlock, Doris; Franks, Violet. Modification of low self-esteen in women alcoholics: A behavior treatment approach. Psychotherapy: Theory, Research & Practice, 1974, Spr. Vol. 11(1) 36-40.

Describes a pilot study of a behavior modification program to increase the coping skills of women alcoholic patients. A lack of attention to the low self-esteen of such patients may have accounted for their low probability of maintaining sobriety after termination of inpatient treatment. 16 women were given a variety of behavioral treatments: relaxation, desensitization, assertive training, and several innovative procedures. 10 Ss demonstrated either total or improved abstinence after a 16-wk follow-up. Black women seemed to be more successful than white women and youg Ss more successful than older Ss. Several evaluative measures-the Taylor Manifest Anxiety Scale, the Internal-External Locus of Control Scale, and the Tennessee Self Concept Scale-tended to show a pattern of gains after treatment, followed by decline after 16 wks in the community.

9. Busch, H.; Feuerlein, W. Socio-psychological aspects in marriages of alcoholic women. Schweizer Archiv fur Neurologie, Neurochirurgie und Psychiatrie 1975 Vol 116(2) 329-341.

In a 2-yr controlled study psychological and sociological data were collected on partners of chronic female alcoholics, using a semistandardized interview, the Freiburger Personlichkeits Inventar, and the Hawie-Dahl test (a German abbreviated version of the WAIS). Interpersonal perception in the marriage of the female alcoholic was investigated by a semantic differential. The relatively small number of Ss and controls emphasizes the considerable problems regarding the methodological implications of such a study. Results have therefore been cautiously interpreted. 2 hypotheses are offered: (a) that the husband of a chronic female alcoholic has difficulty from the beginning of the marriage in realizing his male role and (b) that the partnership of the chronic female alcoholic is disturbed by a distortion of interpersonal perception.

10. Bustamante, M. Psychodynamics of alcoholism in woman. Archivos de Neurobiologia, 1971 Jul Vol. 34(4) 267-286.

Discusses apparent reasons for alcohol addiction in the female. It is suggested that men drink to excess for pleasure or to demonstrate masculine prowess, while women drink to reduce lif's miseries or as a substitution for a lost object of love. 60 cases are described according to causal factors: (a) latent matrimonial frustration, (b) overt matrimonial discord, (c) immaturity, (d) sexual tensions produced by separation from husband, or (e) pervert sexual expectations. In all groups, an inability to control stress was found. Biological body types are described, and some treatment guidelines are presented. (German, French, & English summaries).

11. Christoffel, K.K.; Salafsky, I. Fetal alcohol syndrome in dizygotic twins. J Pediatr 87(6 Pt 1): 963-7, Dec 75.

A pair of fraternal twins with stigmata of the fetal alcohol syndrome are described. Apparently differences in susceptibility to the dysmorphogenic influence of ethanol caused one twin to be more severely affected than the other one. Both infants are growing poorly postnatally, and both are at risk for retarded development. Any evidence of the fetal alcohol syndrome, however, subtle, should be considered a warning of possible future developmental delay.

12. Choen, Sidney. Alcoholism and women. Drug Abuse & Alcoholism Newsletter, 1976 No. Vol 5(9) 4 p.

Presents questions and answers about characteristics, types, and counseling of female alcoholics. It is noted that females are adopting a more "masculine" type of drinking behavior. Data show that heavy drinking during pregnancy can induce a variety of fetal disabilities.

13. Cook, L.N.; Shott, R.J.; Andrews, B.F. Acute transplacental ethanol intoxication. Am J Dis Child 129(9):1075-6, Sep 75.

With the use of ethanol in hyperalimentation regimens and for the inhibition of premature labor, there is increased opportunity for exposure of the fetus to this potentially toxic substance. We reviewed the literature regarding the effects of ethanol on the fetus and neonate, and illustrate its potential toxicity by the report of a case of neonatal depression secondary to acute maternal ethanol ingestion.

14. Cooperstock, Ruth. Sex Differences in the use of Mood-Modifying Drugs: An explanatory model. Journal of Health & Social Behavior, 1971, 12, 3, Sept, 238-244.

No description available.

15. Corrigan, Ellen M. Women and problem drinking: Notes on beliefs and facts. Addictive Diseases: An International Journal, 1974, Vol 1(2) 215-222.

Presents a review of the literature on the magnitude of female alcoholism life situations and the onset of problem drinking, sexual adjustment, troubles due to drinking, and treatment outcome. The lack of descriptive data on female alcoholics compared to that available for male alcoholics is stressed, and some distinct sex differences in alcoholic behaviors are noted. (37 ref)

16. Craddick, Ray A.; Leipold, Val; Leipold, William D. Effect of role empathy on human figures drawn by women alcoholics. Journal of Studies on Alcohol, 1976 Jan. Vol 37(1) 90-97.

108 White female alcoholics (mean age, 46.4 yrs.) drew pictures of themselves, a murderer, the murderer's victim, and the victim's parent. Ss were assigned to 4 groups based on the order in which they were asked to draw the pictures. Results show that (a) the self was drawn larger than the victim, which was the smallest of the drawings; (b) there were no differences between the height of the self and murderer drawings or between self and victim's parent drawings; (c) the self was most often drawn as a female; (d) more of the victim drawings were of indeterminate sex than any other drawing, and (e) the parent was most often drawn as a female and the murderer as a male. Data also suggest that the role of victim produced anxiety, since when this was the 1st figure drawn, it was smaller than the victim drawings of the other groups. Comparisons of these data with those from similar studies using college students and male alcoholics are discussed. (20 ref)

17. Curlee, Joan. Alcoholic Women: Some Consideration for Further Research. Bulletin of the Menninger Clinic, 1967, Vol 31(3), 154-163.

"From this brief survey, it is obvious that the problem of alcoholism in women has received far less attention than it needs. There seems to be little actually known about how alcoholism in women is different from alcoholism in men, yet there are many indications that these differences are significant for treatment needs."

18. Curlee, Joan. Alcohlism and the "empty nest." Bulletin of the Menninger Clinic, 1969, 33(3), 165-171.

Of 100 women treated in an alcoholism treatment center, most of whom were middle or upper middle class, 30 found some specific factor with which they could associate the onset of alcohlism. "For 21 of the women, however, the onset of excessive drinking appeared to be related to problems associated with the middle-age identity crisis which is sometime referred to as the 'empty nest syndrome.' For each of these women, the 'trauma' which triggered their alcoholism was in some way related to a change in, or a challenge to their roles as wives or mothers . . . . an 'identity crisis' is not something which one experiences in adolescence and then has solved for all time. It can occur at many periods of life and, for women, may frequently be associated with the menopause, the loss of their husbands, or their children's leaving home".

19. Dahlgren, Lena. Special problems in female alcoholism. British JOurnal of Addiction, 1975, Apr Vol 70(Suppl) 18-24.

Considers reasons for alcoholism being less common among women and having varying occurrence rates in different countries. Clinical studies are reviewed to evaluate the claim that female alcoholics show more psychic deviation than male alcoholics, with deeper character changes, a more quickly developed alcohol dependence, loss of control, and somatic complications. Cultural problems which female drinkers have in intergrating this habit into their social life are seen resulting in a guilt complex and a serious conflict between their womanhood and alcohol. Treatment approaches for female alcoholics are discussed.

20. Davies-Osterkamp, Susanne. Alcoholism among females. Drug and Alcohol Dependence, 1976 Feb. Vol 1(3) 191-213.

Reviews empirical studies of alcoholism in women. Findings on the psychopathology, the development and course of female alcoholism, partner relationships, and problems in female identification of these patients are discussed. It is shown that most of the present empirical results contribute little to an understanding of female alcoholism and that they also have little relevance to the development of special therapeutic approaches. Finally basic reasons for this are discussed together with suggestions for further research. (3 p ref)

21. DeBeukelaer, M.M.; Randall, C.L.; Stroud, D.R. Renal anomalies in the fetal alcohol syndrome. J Pediatr 91(5):759-60, Nov. 77.

No description available.

22. Editorial: Fetal alcohol syndrome. Lancet 1 (7973): 1335, 19 Jun 76.

No description available.

23. The female alcoholic (editorial). Lancet 2(8046):1015-6, 12 Nov 77.

No description available.

24. Ferrier, P.E.; Nicod, I.; Ferrier, S. Letter: Fetal alcohol syndrome. Lancet 2(844): 1496, 29 Dec. 73.

No description available.

25. Fort, Twila; Porterfield, Austin L. Some backgrounds and types of alcoholism among women. J. Health Hum. Behav., 1961, 2, 4, Win. 283-292.

Do description availalbe.

26. Garrett, Gerald R.; Bahr, Howard M. Women on skid row. Quarterly Journal of Studies on Alcohol, 1973, Dec. Vol. 34(4-A) 1228-1243.

Interviewed 52 women (mean age, 47 yrs.) admitted to the Women's Emergency Shelter in New York City during a 2-mo period and 199 men (mean age, 54 yrs) admitted to the men's shelter. The women (a) were significantly younger; (b) included more native-borns and blacks and fewer Catholics; (c) had more incomes of less than $100/mo; and (d) included more light drinkers (according to a quantity-frequency index) than the men ($p < .05$). Self-ratings of drinking status were more in accord with quantity-frequency scores than those of the men. Most women first drank between the ages of 19 and 20; heavy drinking began at age 32 in the women and at age 28 in the men. Among the heavy drinkers, 62% of the women and 26% of the men were solitary drinkers ($p < .05$). unlike most Skid Row men, women had no bottle gangs and rarely drank in public, suggesting that homeless women alcoholics may very well be the most isolated and disaffiliated residents of Skid Row.(71 ref).

27. Gomberg, Edith S. Women and Alcoholism. "Women in therapy: New psychotherapies for a changing society. New York, N.Y.: Brunner/Mazel, 1974. xiii, 441 p. $15.

No description available.

28. Green, H.G. Infants of alcoholic mothers. Am J Obstet Gynecol, 118(5):713-6, 1 Mar 74.

No description available.

29. Hall, B.D.; Orenstein, W.A. Letter: Noonan's phenotype in an offspring of an alcoholic mother. Lancet 1(859):680-1, Apr. 74.

No description available.

30. Jacob, Andre G.; Lavoie, Camil. A study of some characteristics of a group of alcoholic women. Toxicomanies, 1972, Apr Vol.4(2) 165-191.

Reviews research on the etiology of alcoholism in women and then describes characteristics of 50 female patients hospitalized at a Quebec alcoholic treatment center.

Demographic factors, parental influences, and marital status were important factors in the development of alcoholism in these Ss. These results are compared to findings of studies of alcoholic women in the United States, and in general, the findings for this sample of Canadian women support hypotheses proposed by other investigators. (French & English summaries) (39ref)

31. James, Jane E. Symptoms of alcoholism in women: A preliminary survey of A.A. members. Journal of Studies on Alcohol, 1975 Nov. Vol. 36(11) 1564-1569.

Administered a drinking history and symptoms questionnaire to 600 27-73 yr old female members of Alcoholic Anonymous and compared the responses of 89 Ss to E.M. Jellinek's alcoholism and symptomology framework was established using data from male Ss. Important sex differences which were fournd are examined, and the need for more thorough attempts at identification of female alcoholics is discussed.

32. Jewett, J.F. Committee on Maternal Welfare. Alcoholism and ruptured uterus. N Engl J Med 294(6):335-6, 5 Feb. 76.

No description available.

33. Johnson, D.F. Does maternal alcoholism affect offspring? Clin Pediatr (Phila) 13(8):633-4, Aug 74.

No description available.

34. Johnson, Marilyn W.: De Vries, Johanna C.; Houghton, Mary I. The Female Alcoholic. Nursing Research, 1966, 15(4),343-347.

Conducted interviews of known female alcoholics to ascertain their drinking patterns, symptomatic behaviors, family reactions, and rehabilitation, persons closely associated with these women were interviewed to evaluate them as potential resource persons for identifying female alcoholics. A review of the literature is also presented.

35. Jones, K.L.; Smith, D.W. Recognition of the fetal alcohol syndrome in early infancy. Lancet 2(836):000-1001, 3 Nov. 73.

No description available.

36. Jones, K.L.; Smith, D.W.; Streissguth, A.P.; Myrianthopoulos, N.C. Outcome in offspring of chronic alcoholic women. Lancet 1(866): 1076-8, 1 Jun 74.

No description available.

37. Jones, L.L.; Smith, D.W.; Ulleland, C.N.; Streissguth, P. Pattern of malformation in offspring of chronic alcoholic mothers. Lancet 1(815):1267-71, 9 Jun 73.

No description available.

38. Kattan, Lidia, et al. Evaluation of treatment results in female alcoholism: Indicator of prognosis value. Acta Psiquiatrica y Psicologica de America Latina, 1973, Aug. Vol. 19(4) 265-279.

Reports on the follow-up of 50 female and 49 male alcoholic patients after 2 yrs of treatment. A life table technique, showing the probability of relapse over monthly intervals, yielded high recovery rates: there was no relapse in 55.1% of the patients. Results were better for women: 62% recovered vs 47.6% of men. Being female was the most important element of favorable prognosis.

39. Kattan, Lidia, et al. Characteristics of alcoholism in women and evaluation of its treatment in Chile. Acta Psiquiatrica y Psicologica de America Latina, 1973 Jun Vol. 19(3) 194-204.

Studied 50 female and 49 male alcoholic patients on their clinical, psychological, and sociocultural aspects. It was found that inveterate alcoholism and some kinds of psychopathological disorders were more frequent among female than among male alcoholics. There were a large number of alcoholics in the family enviornments of both groups.

40. Kaubin, Brenda J. Sexism shades the lives and treatment of female addicts. Contemporary Drug Problems, 1974 Win Vol.3(4) 471-484.

Presents a discussion of the under-representation of female drug abusers (including alcoholics) in treatment programs, and of the roots of the under-representaion. The discussion is based on a selected review of the literature and on interviews with abusers, administrators, and treatment personnel. Sources of under-representation include (a) men's needs to see women as a source of stability of a home to which to return; (b) women's ability to arrange their lives to camouflage drug abuse; (c) women's ability to obtain money through sexual acts while men commit crimes involving them with the legal system, official statistics, and treatment, often resolved in favor of the former due to guilt; and (d) unsympathetic treatment personnel, both male and female. Females in treatment encounter fewer female-oriented facilities and male-oriented concepts of roles and treatment models. Treatment program recommendations are presented.

41. Kinsey, Barry A. Psychological Factors in Alcoholic Women from a State Hospital Sample. American Journal of Psychiatry, 1968, 124(10), 1463-1466.

Compared the findings of a state hospital study of 46 alcoholic women of low socioeconomic status with results of several other studies of alcoholic women from different socioeconomic and cultural backgrounds. In general, similar psychological conditions existed in all Ss. It is concluded that a basic psychopathology underlies alcoholism in women.

42. Lindbeck, Vera L. The woman alcoholic: A review of the literature. International Journal of the Addictions, 1972, Vol. 7(3), 567-580.

No description available.

43. Mayer, Joseph; Green, Monroe. Group therapy of alcoholic women ex-prisoners. Quarterly Journal of Studies on Alcohol, 1967, 28(3), 493-504.

Female alcoholic ex-prisoners are an extremely difficult group of patients to treat in an outpatient clinic. They display volatility, oral-narcissistic demandingness, intense phobis behavior, and diffuse psychotic thinking, especially when drinking. After some success in aiding these woman in groups within the prison and individually on an outpatient basis, and outpatient group of 10 was formed, but average attendance of group meetings during 24 wk. was 2-3 members. Ss were 30-49 yr. old with an average of 10 yr. of schooling. 6 came from disrupted homes, and 2 had at least 1 alcoholic parent. Of 8 who had married, all had experienced marital difficulties. The meetings were marked by uncontrolled behavior. Inabiility to set rules for themselves, intense feelings for the leader, rivalry, and emotional exclusion of all new members. There was no group cohesion. Demands for immediate oral gratification were constant. Difficulties in aiding these women on an outpatient basis are discussed and alternative approaches suggested.

44. Mayer, Joseph; Myerson, David J.; Needham, Merrill A. Treatment of the female alcoholic: The former prisoner. American Journal of orthopsychiatry, 1967, 37(5), 932-937.

Describes an outpatient treatment program for females formerly imprisoned for alcoholism. These women are described and compared with other female alcoholics. Treatment consists in establishing a therapeutic relationship in prison, continuing this after release, and offering aid in the future.

45. Medhus, Asbjorn. Female alcoholics: Correlation between sociomedical variables. British Journal of Addiction, 1976, Jun Vol. 71(2) 109-113.

Studied 71 female alcoholics 19-54 yrs old who were given compulsory treatment by the Temperance Board in Malmo, Sweden, in the years 1961-1968. The correlations among the 10 variables examined are reported in detail. These indicate that Ss who differed from the rest of the group in one respect tended to differ in several other ways also. The Variables Corrective Training, Gonorrhea, Recorded Criminal Offenses, and Age 34 or Younger at the 1st Compulsory Temperance Board Treatment represent a cluster of sociaomedical symptoms which also includes to some extent the variables Disability Pension and at least 5 convictions for drunkenness. Falling outside this cluster, however, is the correlation between sickness periods and Public Assistance: Women who had had at least 1.6 periods of sickness per year were stronly overrepresented among the subgroup given public assistance for at least 10 mo. in any one year. (23 ref)

46. Mulvihill, J.J.; Klimas, J.T.; Stokes, D.C.; Risemberg, H.M. Fetal alcohol syndrome: seven new cases. Am J Obstet Gynecol 125(7):937-41, 1 Aug 76.

In one year, the "fetal alcohol syndrome" (FAS) was recognized in seven newborn and older infants, bringing the total in the current literature to 26 cases. This recently rediscovered disorder consists of severe prenatal and postnatal growth failure, mental deficiency, and characteristic hypoplasia of the middle face and orbits with minor malformations of the heart and joints. The mothers have chronic alcoholism. By identifying and counseling such women, obstetricians and gynecologists may prevent the occurrence of the syndrome or diagnose it in the neonate.

47. Nichols, M.M. Acute alcohol withdrawal syndrome in a newborn. Am J Dis Child 113(6):714-5, Jun 67.

No description available.

48. Obitz, Frederick W.; Swanson, Mary K. Control orientation in women alcoholics. Journal of Studies on Alcohol, 1976 May Vol 37(5) 694-697.

Administered Rotter's Internal-External (i-E) Control Scale and a specially designed Locus of Drinking Control Scale to 50 women alcoholics and 40 women social drinkers. On both tests the woemn alcoholics were significantly more external in control orientation than the social drinkers. These results are in contrast with those of previous studies of male alcoholics, who have consistently been found to score toward the internal end of the I-E continuum. Possible explanations for the discrepancy are offered.

49. Ouellette, E.M.; Rosett, H.L.; Rosman, N.P; Weiner,L. Adverse effects on offspring of maternal alcohol abuse during pregnancy. N Engl J Med 297910):528-30, 8 Sept. 77.

To evaluate the risk of offspring of heavy drinking during pregnancy, we administered a questionnaire to 633 women at the first prenatal visit. Nutritional status, smoking, drug and alcohol use were determined. Women were classified into three groups: abstinent and rare drinkers; moderate drinkers; and heavy drinkers. After delivery, detailed pediatric, neurologic and developmental examinations were administered by a physician without prior knowledge of any history. Infants born to heavy drinkers had twice the risk of abnormality of those born to abstinent or moderate drinkers (p less than 0.001). Thirty-two per cent of infants born to heavy drinkers demonstrated congenital anomalies, as compared to 9 per cent in the abstinent and 14 per cent in the moderate group (p less than 0.001). Microcephaly and multiple congenital anomalies were much more frequent in this group (p less than0.001). Heavy drinking during pregnancy increases the risk to offspring.

50. Our Nation's Schools -- A report Card: "A" in School Violence and Vandalism. 75-602304, 94th Cong., 1st sess., 1975.

Report prepared by the Subcom on Juvenile Delinquency reviewing preliminary findings of 1971-75 investigation into rising trends in student violence and vandalism in the Nation's public school systems. Presents regional breakdown of juvenile delinquency statistics obtained from a survey of over 750 school districts, indicating increased occurrences of homicides, rapes, robberies, assaults, burglaries, drug and alcohol offenses, and dropouts. Also summarized Federal and State legislative attempts to curb school crime.

51. Palmer, R.H.; Oullette, E.m.; Warner, L; Leichtman, S.R. Congenital malformations in offspring of a chronic alcoholic mother. Pediatrics 53(4):490-4, Apr. 74.

No description available.

52. Parker, Frederick B. Sex-role adjustment in women alcoholics. Quarterly Journal of Studies on Alcohol, 1972 Sep. Vol 33(3-A) 647-657.

Administered the Attitude-Interest Analysis Test and M.P. Mason's Alcadd Test to 56 women moderate drinkers and 56 women alcoholics, matched for age (means, 41.5 and 43.6 yrs, respectively) and education (13.9 and 13.5 yrs). The alcoholics were categorized as 27 "nonspree" alcoholics (did not go on benders), 16 "secondary spree" alcoholics (went on benders), and 13 "primary spree" alcoholics (benders and intoxication on almost every drinking occasion). The mean scores on the Alcadd Test of the moderate drinkers, the nonspree, secondary spree and primary spree alcoholics were 5.3, 31.4, 36.8, and 43.8, respectively. Femininity of preference scores and the likelihood of being successfully married decreased significantly through the respective drinking categories, while femininity of emotion scores, neuroticism scores, and the likelihood of having a heavy-drinking father and friends, and being regarded as a heavy drinker all increased significantly through the drinker categories. It is suggested that when the sex-role preferences are less feminine and emotional responses are more feminine there are conflicts which may lead to heavy drinking. (25 red.)

53. Parker, Frederick B. Sex-role adjustment and drinking disposition of women college students. Journal of Studies on Alcohol, 1975 Nov. Vol 36(11) 1570-1573.

Adminstered the Attitude-Interest Analysis Test (a measure of sex-role adjustment) and the Alcadd Test (a screening measure for alcoholism) to 218 female undergraduates. Feminine role preferences decreased significantly with increasing alcoholism scores, and femininity preferences of these young heavy drinkers were similar to those of adult women alcoholics in a previous study.

54. Pishkin, Vladimir; Thorne, Frederick C. A factorial structure of the dimensions of femininity in alcohlic, schizophrenic and normal populations. Journal of Clinical Psychology, 1977 Jan. Vol 33(1) 10-17.

The 2nd author's Femininity Study was administered to 31 alcoholic females. 146 college females, and 152 female schizophrenic patients. The data were factor analyzed, and 5 major factors were identified: Heterosexual Social Role Inadaptability, Parental Role Inadaptability, Homemaker Role Inadaptability, General Affective (Neurotic) Instability, and Maternal Role Inadaptability. The institutionalized Ss showed much greater incidence of all types of inadaptability.

55. Pregnancy in the heavy drinker (editorial). Lancet 2(8039): 647, 24 Sep 77.

No description available.

56. Qazi, G.H.; Masakawa, A. Altered sex ratio in fetal alcohol syndrome. Lancet 2(7975):42, 3 Jul 76.

No description available.

57. Rathod, N.H.; Thomson, I.G. Women alcoholics. Quarterly Journal of Studies on Alcohol, 1971, Mar, Vol. 32(1-A), 45-52.

Compared 30 alcoholic women, married at least once and whose drinking was associated with repeated psychosocial dysfunctioning for at least 5 yr., to 30 alcoholic men matched for age, duration of marriage, educational attainment, and social class. 5 areas of Ss' history were tested: (a) family history, (b) adverse experiences in early life, (c) adult interpersonal relationship of S and spouse, and (d) previous psychiatric illness. Data were collected from the Ss, their spouses and children, and previous medical records. Group psychotherapy and Ss' written life story were added sources of information. Results confirm the impression of B. Rosenbaum that (a) women alcoholics have experienced more deprivation than men alcoholics by having lost a parent in childhood, (b) as children, the women have been subjected to significantly more emotional traumas, and (c) as adult personalities, they emerge more maladjusted than men. (21 ref.)

58. Rathod, N.H.; Thomson, I.G. St. Women Alcoholics: A clinical Study. Quarterly Journal of Studies on Alcohol, 1971, 32, 1, Mar, 45-52.

A comparison of the soc & persoanl histories & characteristics of 30 M & 30 F alcoholics showed that the latter had experienced more deprivations in childhood & were more maladjusted. These women tended to choose maladjusted spouses. Data were collected from patients of an alcoholism unit in Graylingwell Hosp in Chichester, Sussex, England, in 1966, & from their spouses & other informants (such as children) when available, & from previous Med records as well as from daily group psychotherapy sessions. Although the precise nature of the relationship (causal or associative) between early experience & psychosoc adjustment & mental illness in adult life is difficult to establish, the coincidence between early deprivation & emotional traumas (including parental problem drinking) & later personality disorders among women, irrespective of problem drinking & alcoholism, cannot altogheter be ignored. No generalized conclusions can be drawn, however, & a larger sample study is needed. 1 Table.

59. Rizzola, N.; Rosandini, I. Family and social determinants of female alcoholism. Neuropsichiatria, 1974 Jan-Jun Vol. 30, (1-2) 71-78.

Based on a literature review and the authors' experience, the inference is made that there are no substantial differences in the etiology of alcoholism in men and women. Older age at onset, greater vulnerability to frustration, prodromal neurotic states with self-destructive tendencies, and sexual disturbances appear to be fundamental factors in female alcohol abuse. Family dynamics during the formative years are also considered important. Current changes in women's social and work roles are seen as accounting in part for the recent increase in female alcoholism. (French & German summaries) (18 ref.)

60. Ravasini, Carlo; Malvasi, Zenaide; Mangoni, Alfonso. Clinical observations and psychopathological considerations on female alcoholism. Rivista di Psichiatria, 1968, 3(1), 69-92.

Focuses on the increased incidence in female alcoholism and its clinical and sociological significance. 2 basic types of behavior were observed among the 75 alcoholics out of 1600 females (4.6%) admitted to a Milan psychiatric hospital over a 2- yr period: 1 group of 25 cases of occasional and sporadic drinkers, and a 2nd group of habitual, more or less constant drinkers. The average age of Ss in the 1st group was much lower and included a larger percentage of single women than in the 2nd group. Though more male alcoholics (32.4%) were admitted during the same period, findings indicate that female alcoholism presents "more psychopathological features" and appears to be "less related to scoial and environmental factors" than to personality consierations of "reactions to the external world." From the psychodynamic viewpoint, depressive and oral elements predominate among female alcoholics, while those of a homosexual nature are less evident than in male alcoholics. (English summary) (75 ref.)

61. Rizzola, N.; Rosadini, I. Family and social determinants of female alcoholism. Neuropsichiatri, 1974, Jan-Jun Vol. 30 (1-2), 71-78.

Based on a literature review and the authors' experience, the inference is made that there are no substantial differences in the etiology of alcoholism in men and women. Older age at onset, greater vulnerability to frustration, prodromal neurotic states with self-destructive tendencies, and sexual disturbances appear to be fundamental factors in female alcohol abuse. Family dynamics during the formative years are also considered important. Current changes in women's social and work roles are seen as accounting in part for the recent increase in female alcoholism. (French & German summaries) (18 ref)

62. Root, A.W.; Reiter, E.O. ; Andrioloa, M.; Duckett, G. Hypothalamic-pituitary function in the fetal alcohol syndrome. J Pediatr 87(4):585-8, Oct. 75.

No description available.

63. Rosett, H.L. Letter: Maternal alcoholism and intellectual development of offspring. Lancet 2(874):218, 27 Jul 74.

No description available.

64. Schuckit, Marc A. Sexual disturbance in the woman alcoholic. Medical Aspects of Human Sexuality, 1972 Sept Vol. 6(9), 44-65.

Studied 103 hospitalized Washington University women alcohlics, using World Health Organization criteria for alcoholism, and compared them with women alcoholics described by other authors. Only 5% of the 103 were diagnosed as hysterics, 5% as sociopaths. The remaining 90% were termed "primary" alcoholics. 1 illustrative case history from each of the 3 groups is given. It is concluded that the association of promiscuous behavior and alcohol abuse is more folklore than fact. More commonly encountered sexual problems are frigidity and decreased libido.

65. Schuckit, Marc. The alcoholic women: A literature review. Psychiatry in Medicine, 1972, Jan, Vol. 3(1), 37-43.

Reviews studies comparing male and female abusers of alcohol. Symptoms appear at a later age in women but hospitalization takes place at comparable ages for both sexes. Women report a higher incidence of depressive episodes and suicide attempts. Data suggest that alcoholism in women may frequently occur in the presence of an affective disorder. (29 ref.)

66. Schuckit, Marc, et al. Alcoholism: I. Two types of alcoholism in women. Archives of General Psychiatry, 1969, 20(3) 301-306.

Describes data obtained from systemiatic interviews of 70 female alcoholics and their relatives. Information was obtained on family history, Ss' history, and psychiatric illness. Ss' were divided into 2 major groups on clinical grounds: primary alcoholics and affective disorder alcoholics. The primary alcoholics were found to be older at admission and had been psychiatrically ill longer, whereas affective disorder alcoholics had suicidal tendencies. Family history revealed that male 1st-order relatives of both groups of female alcoholics who were psychiatrically ill were alcoholic. The female relatives with psychiatric illness tended to have the same illness as the S. Results revealed that there are several subgroups of alcoholics and that clinical psychiatric concomitants should be considered as well as family history of psychiatric illness in the nosological groupings of alcoholics.

67. Schuckit, M.; Pitts, F.N. Jr.; REich, T.; King, L.J.; Winokur,G. Alcoholism. I. Two types of alcoholism in women. Arch Gen Psychiatry 20(3): 301-6, Mar 69.

No description available.

68. Schuckit, Marc A.; Winokur, George. A short term follow up of women alcoholics. Diseases of the Nervous System, 1972 Oct. Vol. 33(10) 672-678.

Examined the hospital admissions records of 45 white female patients with alcoholism. Ss or 1st degree family members were interviewed 3 yr. after discharge on drinking behavior. 23 Ss had been free of alcohol related problems for more than 1 yr., 16 of these for more than 2 yr. A good prognosis was associated with Ss who were younger, 1st became ill at an older age, and were initially hospitalized for a suicide threat or attempt. A probable association between a diagnosis of affective disorder alcoholism and better prognosis was indicated. 11 of the 23 good outcome Ss were able to engage in social drinking without problem. Results indicate that hospitalized women alcoholics are not a homogeneous group and the need for research on alcoholic subtypes. (19 ref.).

69. Senate SC/Labor held hearings on alcoholism among women; recessed. 76-16391, 94th Cong., 2nd sess., 1976.

No description available.

70. Sturdevant, R. Letter: Offspring of chronic alcoholic women. Lancet 2(876):349, 10 Aug 74.

No description available.

71. Tenbrinck, M.S.; Buchin, S.Y.. Fetal alcohol syndrome: Report of a case. JAMA 232(11):1144-7, 16 Jun 75.

A boy born to a known alcoholic mother demonstrated the fetal alcohol syndrome. Although considerably postterm, he weighed less than 1.5 kg (3 lb) at birth and has failed to catch up at 2 ½ years of age. In addition to continuing prenatal and postnatal growth and developmental deficits, he has many of the other stigmata described as charac teristic of this syndrome. To this list have been added other findings from our case.

72. Thorne, Frederick C.; Pichkin, Vladimir. Comparative study of the factorial composition of femininity in alcoholic, schizophrenic and normal populations. Journal of clinical Psychology, 1977 Jan. Vol 33(1) 18-23.

Administered the 1st author's Femininity Study to a total of 329 women, which included alcoholics, private US college and Canadian university students, and institutionalized chronic undifferentiated schizophrenics. In the alcoholics, the 1st 5 factors were labeled High Interpersonal Adaptability, Heterosexual Role Inadaptability, Female Role Ambivalence, Female Identification Problems, and Maternal Role Inadaptability. In the private college population, the 1st 5 factors were Heterosexual Role Inadaptability, General Female Role Inadaptability, Physical, and/or Psychosomatic Disabilities with Low Female Self-Concepts, Positive Female Self-Concepts and Interests, and Emancipated Female Role Concepts. In the Canadian Ss, the 1st 5 factors were Heterosexual and General Social Inadaptability, Heterosexual Interests and Adaptability, Homosexual Tendencies, Conflictual Sexuality, and Emancipated Female Role Concepts. In the institutionalized schizophrenics, the 5 factors were Homosexual Conflicts, Heterosexual Adaptability, Rejection of Parental-Caretaker Roles, Promiscuity, and Negative Self-Concepts.

73. Tracey, Dorothy A. An experimental analysis of the behavior of female alcoholics. Dissertation Abstracts International, 1975, No. Vol 36(5-B) 2486-2487.

No description available.

74. Tracey, Dorothy A.; Natan, Peter E. Behavioral analysis of chronic alcoholism in four women. JOurnal of Consulting & Clinical Psychology, 1976, Oct. Vol. 44(5) 832-842.

Observed the behavior of 4 female 38-50 yr old alcoholics over a 22-day period at the Alcoholic Behavior Research Laboratory, Rutgers University. A 12-day drinking period was preceded by a 6-day predrinking baseline assessment period and followed by a 4-day postdrinking withdrawal phase. Points earned for operant responding at a button-pressing task were spent to purchase alcohol, relief from programmed social isolation, or both during specified periods. Ss emitted high operant rates during predrinking, largely to accumulate socialization points. Operant rate declined when alcohol became available. When Ss resumed operant responding, they tended to work for and spend about the same number of alcohol points each day. Ss resumed working for socialization points when they ran out of them; they continued to earn these points into the postdrinking period. Ss consumed consistent amounts of alcohol each day in a cyclic pattern, almost always reaching their highest blood alcohol level at the midnight reading. Drink preference, sip magnitude, and consumption time resembled more closely those behaviors reported for male social drinkers than for male alcoholics. Ss reported generally improved affect when drinking began. No changes in psychopathology were noted during drinking. (22 ref.)

75. Tufts, U.; Cramer, Mary J.; Blacker, Edward. Social Class and drinking experience of female drunkenness offenders. Journal of Health & Human Behavior, 1966, 7(4), 276-283.

Social class is related to drinking behavior and the findings of the study support the claim that taking account of small differences in status within the lower social levels yields substantial information about drinking experience. Female drunkenness offenders who originated in modest but respectable homes tended to be more isolated from social contacts, display a different drinking style, indicate a different developmental history, and define themselves differently as drinkers. The findings also suggest a hypothesis concerning possible developmental patterns in drinking careers which would require a further longitudinal test.

76. Wilsnack, Sharon C. Sex role identity in female alcoholism. Journal of Abnormal Psychology, 1973, Oct. Vol. 82(2) 253-261.

Compared 28 alcoholic women with 28 matched controls on a variety of masculinity-femininity measures (e.g., Franck Drawing Completion Test). The alcoholics were expected to earn relatively unconscious levels of sex role identity. On 2 measures of conscious femininity, the alcoholics were typically feminine. On the 3rd, a measure of attitudes toward motherhood, the alcoholics were more feminine than the controls. On a questionnaire measure of sex role style, the alcoholics gave more assertive, masculine responses than the controls, and the scores for alcoholics on a projective measure of unconscious masculinity-femininity were more masculine than those for the controls. The medical histories of the alcoholics contained a higher incidence of obstetrical and gynecological disorders than did the histories of the controls. The relationship between sex role identity disturbance and the psychological function of alcoholic women's excessive drinking is discusses. (22 ref.)

77. Wood, H.P.; Duffy, E.L. Psychological factors in alcoholic women. Am J. Psychiatry, 123(3):341-5, Sep 66.

No description available.

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